Annual Report

Alberta Hospitals and Medical Care

1985-86

Alberta
HOSPITALS AND
MEDICAL CARE

87-04478/

May 1987

The Honourable Dr. David J. Carter
Speaker of the Legislative Assembly of Alberta

Sir:

I have the honour to present the eight Annual Report of the Department of Hospitals and Medical Care, covering the fiscal year ended March 31, 1986.

Respectfully submitted,

Marv Moore

MARVIN E. MOORE
Minister of Hospitals
and Medical Care

May 1987

The Honourable Marvin E. Moore
Minister of Hospitals and Medical Care
423 Legislature Building
Edmonton, Alberta
T5K 2B6

Sir:

I have the honour to present the eighth Annual Report of the Department of Hospitals and Medical Care. This information covers the fiscal year ended March 31, 1986.

Further statistical information on the operations of the Department can be found in the Alberta Health Care Insurance Plan Statistical Supplement and the Hospital Services Division Statistical Supplement, which are published separately.

Respectfully submitted,

Alex McPherson, M.D.,
Deputy Minister of Hospitals
and Medical Care

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Summary of Major Activities

The Department of Hospitals and Medical Care underwent a number of significant changes during fiscal year 1985/86.

NEW DEPUTY MINISTER APPOINTED

On an administrative level, Dr. T.A. McPherson joined the Department as Deputy Minister in September, 1985. Dr. McPherson was formerly Director, Department of Medicine at the Cross Cancer Institute, Professor, Department of Medicine at the University of Alberta, and was president of both the Alberta Medical Association and the Canadian Medical Association. Dr. McPherson replaced Dr. Lloyd Grisdale who retired after serving the Department for four-and-a-half years.

NEW MISSION STATEMENT ADOPTED

The Department adopted a new Mission Statement which emphasizes service to the public. It reads: The Department of Hospitals and Medical Care is responsible for helping provide the best level of health care to the people of Alberta in accordance with the policy and legislation provided by the Government of Alberta. The new Mission Statement has been incorporated into the Key Responsibility Areas of the Department's Management-By-Objective process.

NURSING HOMES ACT PASSED

The new Nursing Homes Act was passed during the spring session of the Legislature. The Act is an important part of an overall plan to improve the quality of nursing home care in Alberta. In 1981, the Minister of Hospitals and Medical Care appointed the Nursing Home Review Panel, chaired by Dr. Harry Hyde, to examine the nursing home system in Alberta. In 1982, the Panel presented its report and recommendations to the Minister. As a result of the report, the new Nursing Homes Act was drafted and incorporated the following changes:

- —increased hours of nursing and personal care;
- —availability of physical therapy and occupational therapy programs to nursing homes;
- —greatly increased recreational programs;
- —enhancement of registered dietitian services and upgraded dining areas;
- —in-service education programs for nursing home staff including the establishment of resource centres;
- —improved fire and emergency planning procedures; and
- —improved procedures of dispensing medications.

An additional $5 million was injected into the nursing homes and auxiliary hospital budgets to provide seed money for the new initiatives. The Report also recommended that nursing home residents should be responsible for the accommodation portion of the cost of nursing home care, and that over a period of time accommodation charges to residents should be brought up to a level which would approximate the cost of room and board. Accordingly, effective September 1, 1985 resident accommodation charges were increased by $2.00 a day. The new per diem rates were $10.00 for standard, $12.50 for semi-private and $16.25 for private accommodation. This was the first time in three years that rates had been raised.

Also included as recommendations in the Report were the development of two units for the young physically handicapped and the establishment of up to 12 psycho-geriatric units for the mentally dysfunctioning elderly. These recommendations were also adopted.

Two further developments — a Patient Classification system and an Assessment/Placement Model — were also recommended in the Report. Further information on the project that have been designed to test these recommendations is contained in the Nursing Home section of this Report.

POISON & DRUG INFORMATION SERVICE ESTABLISHED

In the summer of 1985, the Foothills Provincial General Hospital was selected to provide the Poison and Drug Information Service (PADIS) for the entire province. Professional advice on poisonous substances is now available in one centralized location 24 hours a day. Limited information services had been provided through several Alberta hospitals. Now, one emergency telephone line provides access to advice in cases where poisonous substances or chemicals have been ingested accidentally or otherwise. The program also provides poison prevention education. The annual operating budget for the program is approximately $500,000.

NORTHERN ALBERTA CHILDREN'S HOSPITAL BOARD APPOINTED

The Northern Alberta Children's Hospital Board was established by Order-In-Council in February of 1986. A Ministerial order appointed nine board members for a term of office which will expire on March 31 of the year which first occurs subsequent to the official opening of the hospital. The establishment of the Board represents the first step in the planning,

construction, and ultimately the operation of the hospital. The Board members are: Chairman Neil Bowker, Dr. Lloyd Grisdale, Catherine Twinn, Linda Mabbott, David Manning, Don Sieben, Margaret Stumborg, Paddy Webb and Bill Weir.

The Board's first task is to select a Chief Executive Officer who, in turn, selects the support staff required to commence with the planning process.

UTILIZATION COMMITTEE REPORT COMPLETED

The Utilization Committee, which was established by the Minister of Hospitals and Medical Care, released its final Report in September, 1985. The Report looked at the trends that led to increased use of physician and diagnostic services in Alberta between 1979 and 1984. The committee's purpose was to research utilization trends in medical services and, where appropriate, make recommendations on ways to restrain future growth. The committee, chaired by Dr. D. G. Young, included four members from the medical profession and three from Alberta Hospitals and Medical Care.

A number of factors affecting demand for service were highlighted in the Report, including: population growth, physician manpower, universal access to medical care services, improved marketing of medical services and advances in diagnostic services.

ALBERTA HUMAN TISSUE PROCUREMENT TASK FORCE REPORT TABLED

The Report containing the findings and conclusions of the Alberta Human Tissue Procurement Task Force was released in November of 1985. The Task Force was appointed by the Minister of Hospitals and Medical Care to investigate transplantation in Alberta and to develop recommendations on more effective means for donation and utilization of human organs and tissue for transplant purposes. The nine-member Task Force, chaired by Andrew Little, consisted of physicians from the province's transplant centres, public health professionals and members appointed from the public.

The major issues looked at by the Task Force were: public awareness and acceptance of the transplant process; barriers to transplantation within Alberta; standards and operating procedures related to donation, storage and utilization of human organs and tissues; the law relating to donation, storage and utilization of human organs and tissues; ethical issues pertinent to the transplant process; and programs required to promote organ donation in Alberta.

PROVINCIAL CONTRIBUTION TO STEVE FONYO'S "JOURNEY FOR LIVES" CAMPAIGN

The Minister of Hospitals and Medical Care announced that the Alberta Government would provide $2,276,114.01 as the province's matching contribution to Steve Fonyo's "Journey For Lives" Campaign. This contribution was the largest made by any government in Canada. The provincial government made a commitment to providing contributions to cancer treatment, equipment or research, equal to the amount raised by Mr. Fonyo in Alberta. The provincial government's matching contribution was presented in the form of two grants, each in the amount of $1,138,057 to the Alberta Cancer Board and the Alberta Children's Provincial General Hospital.

HOSTEL POLICY ESTABLISHED

The Alberta government announced that it would continue to provide funding for the operation of hospital-based hostels. Patients who stay in hostel facilities are not charged a daily fee for accommodation. The hostels accommodate those patients who do not need acute in-patient services but who do require close proximity to an acute care hospital because of their need for diagnostic, treatment and rehabilitation services. Hostel accommodation is also available for escorts of hostel patients where the presence of an escort is necessary for medical reasons to assist the patient.

Five hospitals in Alberta currently have hostel facilities. They are: Fort McMurray Regional Hospital; High Prairie Regional Health Complex; St. Theresa General Hospital, Fort Vermilion; and, in conjunction with the Alberta Cancer Board, the University of Alberta Hospitals, Edmonton and Foothills Provincial General Hospital, Calgary.

HEART/HEART-LUNG TRANSPLANT PILOT PROJECT UNDERTAKEN

The University of Alberta Hospitals performed three heart/heart-lung transplantation procedures in 1985 under a Pilot Heart Transplant Program. Following the assessment of the pilot project, the hospital was granted financial operating support to proceed with a

program in 1986/87 to serve patients who are suffering from advanced forms of heart and heart/lung disease. The program is designed to assist residents of Alberta, as well as residents of the other Western provinces. A joint evaluation of the program is planned by the department and the hospital. This multi-faceted evaluation is expected to continue through to April, 1988.

ALBERTA HEALTH CARE TO MOVE

Planning commenced for the move of the Alberta Health Care Insurance Plan office from its location on Groat Road and 118th Avenue in Edmonton, to new premises in the Imperial Oil Tower at 10025 Jasper Avenue. The 118th Avenue and Groat Road building marked the birthplace of the Alberta Health Care Insurance Plan in 1969. Alberta Health Care is currently completing plans to make greater use of modern computer technology for the registration of Alberta residents and the payment of premiums. To bring these changes on-stream would have called for extensive upgrading and renovations of the existing building. Rather than face the massive disruptions in service brought about by such an overhaul, the decision was made to find a newer, more modern facility.

EXTRA BILLING NEGOTIATIONS BEGIN

Negotiations were undertaken between the Department of Hospitals and Medical Care and the Alberta Medical Association to work towards an agreement to end the practice of extra billing by physicians. The Canada Health Act requires that every province in Canada facilitate reasonable access to health services without financial or other barriers. Federal Legislation states that the practice of extra billing of insured health services, which are defined as hospital services, physician services and surgical dental services, must be eliminated by March 31, 1987. The Canada Health Act additionally imposes a penalty on any province that does not comply by withholding a transfer of funds equal to extra billing amounts. The funds, with respect to Alberta, are projected to reach $36 million by March 31, 1987.

COMMUNICATIONS AUDIT CONDUCTED

A Communications Audit was conducted by the Department to determine the communication needs of its external and internal audiences. As a result of the Audit, the Department will be drafting a communications plan which will outline more effective methods of getting information to the public, physicians, hospital administrators and all other groups with whom the Department communicates in fulfilling its Mission.

Financial and Statistical Highlights

FINANCIAL HIGHLIGHTS

During the 1985/86 fiscal year the department's total expenditure on health care and hospitals was $2.630 billion as follows:

	1985/86
Health Care Insurance	$ 752,884,743*
Financial Assistance for Active Treatment Care	$1,319,690,100
Financial Assistance for Long-Term Chronic Care	$ 176,097,294
Financial Assistance for Supervised Personal Care	$ 111,048,539
Financial Assistance for Capital Construction	$ 230,774,329
Department Support Services	$ 39,805,230
TOTAL	$2,630,300,235

*This figure represents the gross expenditure of the Alberta Health Care Insurance Plan, not the excess of expenditure over revenue which appears in Schedule A.

The overall expenditure per capita for hospitals and medical care was $1,076.56, a 6.4% increase from the previous year's $1,011.57.

The Government of Canada contributed $478,631,663 (including prior year adjustments) towards Medicare and Hospital Insurance programs. Contributions are received by the Department and Alberta Treasury pursuant to provisions of the Federal-Provincial Fiscal Arrangements and Established Programs Financing Act, 1977 (Canada), as amended, and are subject to adjustment. These contributions are in addition to the federal tax-point transfers.

Approved capital funding for hospitals and nursing homes (including Alberta Heritage Savings Trust Fund projects) in the planning phase or under construction totalled an estimated value in excess of $2.2 billion. Of this multi-year program commitment, $868.7 million had been advanced by March 31, 1986, representing 39.5% of the total.

Expenditures for basic health services under the Alberta Health Care Insurance Plan totalled $611.3 million, an 8.4% increase from the $563.8 million in the previous year. Alberta Health Care's average expenditure of benefits for basic health services increased 6.5% to $250.20 per person.

Expenditures totalled $29.3 million for the Extended Health Benefits Program, under which a registrant or spouse aged 65 years or older and their dependants, and widows and widowers receiving the Alberta Widows' Pension and their dependants, are entitled to receive certain dental and optical benefits. This represented an increase of 11.3% from $26.4 million of expenditures made under the program the previous year. The average cost per person was $126.38.

The Department was responsible for the expenditure of $3,693,366 for air medical evacuation provided for patients through the Emergency Air Ambulance Service. The average cost for the 2,643 patients was $1,397.41 per trip.

STATISTICAL HIGHLIGHTS

The number of persons covered under the Alberta Health Care Insurance Plan increased 1.81% to 2,443,244 from 2,399,690 and the number of registrations increased 2.84% to 1,107,481 from 1,076,937.

The number of registrations under Alberta Blue Cross Non-Group coverage increased 2.95% to 244, 017 from 237,036 and the number of persons covered increased 2.05% to 445,917 from 436,961.

The number of registrants eligible for coverage according to residency and who were issued health care cards as of July 1, 1985 increased 1.36% to 1,039,022 from 1,025,128. The number of registrations cancelled pending confirmation of residency decreased 34.97% to 23,743 from 36,513.

The number of physicians submitting claims to Alberta Health Care increased 5.99% to 3,554 from 3,353.

The number of claims received by Alberta Health Care increased 14.27% to 26,928,559 from 23,565,608.

There are currently 125 general hospitals in the province as compared to 126 for 1984/85. The total bed complement increased to 13,064 from 12,928.

The total number of auxiliary hospitals throughout the province is 44 compared to 41 for 1984/85. The total bed complement increased to 4,243 from 4,136.

The total number of nursing homes is 87 compared to 85 for 1984/85. The total bed complement increased to 7,808 from 7,694.

Changes To The Acts

Nursing Homes Act

Chapter N-14 of the Revised Statutes of Alberta 1980, was repealed.

Chapter N-14.1 came into force on Proclamation (September 1, 1985).

The new Act modernizes the existing Act which had been in place since 1964 and provides a legislative base for upgrading programs, standards and quality of care in nursing homes. The new Act also provides legislative authority to enhance nursing home programs.

Optometry Profession Act

Proclaims the Optometry Profession Act in force on January 1, 1986, and repeals the Optometry Act.

Physical Therapy Profession Act

Proclaims the Physical Therapy Profession Act, except section 3(1) in force on the date of Proclamation (September 5, 1985).

Registered Dietitians Act

Proclaims the Registered Dietitians Act in force on date of the Proclamation (November 14, 1985).

Changes To The Regulations

Nursing Homes General Regulation

Defines basic care, sets residency requirements, grants to nursing homes, confidentiality of information. (AR 232/85)

Nursing Homes Operation Regulation

Defines programs and services, funding of special programs in addition to basic care, sets accommodation charges to residents, safekeeping of residents' property, assessment and reassessment of residents, provides a clear outline of overall staffing requirements (nursing and personal services), food services, life enrichment services, in-service education, medical services (medical advisor), specification of drugs and medicines to be stocked, pharmaceutical services, leave of absence requirements, maintenance of standards related to preventative maintenance, housekeeping, quality control and the planning of patient care by a multi-disciplinary team. (AR 258/85)

Nursing Homes Operation Regulation—Amendments

Section 2 amended to reflect increase in funding to Salem Manor Nursing Home which is necessitated by an increase in the interest rate of their new mortgage financing. (AR 385/85)

Section 3 amended to enable an operator to continue charging at the rates that he was charging prior to the introduction of the new regulations pending a determination of need; to redefine and further study the concept of standard, semi-private and private rooms and the accommodation charges relating thereto. (AR 385/85)

Section 12 is amended by adding subsection (3.1) which enables an operator to have a part-time administrator instead of a full-time administrator if the operation has more than one nursing home and the administrator works at both nursing homes. (AR 385/85)

Section 22 is amended to clarify that a resident is entitled to up to 30 days in each calendar year while an in-patient in the hospital and not a series of 30 day periods throughout the calendar year. (AR 385/85)

Optometry Profession General Regulation (AR 388/85)

—Filed December 19, 1985 - Replaces and repeals the By-laws of the Optometric Association (AR 94/73).

Optometry Profession Standards of Practice Regulation (AR 389/85)

—Filed December 19, 1985.

Physical Therapy - General Regulation (AR 298/85)

—Filed September 26, 1985 - Replaces and repeals the By-laws of the Association of Chartered Physiotherapists of Alberta (AR 409/81).

Physical Therapy Benefits Regulation (AR 303/85)

—Filed October 2, 1985 - Regulation comes into force on the date it is filed (October 2, 1985) and upon coming into force is effective in respect of benefits for physical therapy services performed on and after July 1, 1985.

New regulations will make specific provisions that benefits are only payable if a patient is referred for physical therapy services by a physician or dental surgeon who has examined the patient prior to the physiotherapy services being provided. This will not preclude the physiotherapist from seeing patients that are not referred by a physician or dental surgeon, however, benefits will only be paid if patients are referred.

Registered Dietitians Act - General Regulation (AR 349/85)

—Effective November 14, 1985 - Replaces and repeals the By-laws of the Alberta Registered Dietitians Association (AR 211/68).

Mental Health Regulation — Amendments

Section 20 amended - effective September 1, 1985, the rates to be charged for voluntary patient maintenance will be increased from $8.00 to $10.00 a day to correspond with rates charged to residents of nursing homes. (AR 276/85).

Form 1 of the Schedule, clause (b) is amended to correct a discrepancy in wording between section 14 of the Mental Health Act and Form 1, Conveyance and Examinations Certificate, Paragraph (b) which presently reads: "is in a condition presenting a danger to himself and others" and should read: "is in a condition presenting a danger to himself or others". (AR 350/85)

Alberta Hospitalization Benefits Regulation —Amendments

Section 25 is amended to allow added flexibility in the formula and ad hoc funding of equipment so that payment may be made in whole or in part during the fiscal year or the following year. (AR 97/86).

Section 9 amended re: accommodation charges for auxiliary care residents increased by $2.00 (from $8.00 to $10.00) effective September 1, 1985 to correspond to rates to be charged to residents of nursing homes. (AR 275/85)

Section 9 amended re: In auxiliary hospitals the private room accommodation differential charge of $4.50 per patient day will be increased to $6.25 also effective September 1, 1985. (AR 275/85)

Effective April 1, 1985 - amended rates for goods and services to out-patients in respect of residents of Alberta who require goods and services outside Canada which if provided in Alberta would be insured services.

Effective April 1, 1985 - amended rates for goods and services to in-patients in respect of residents of Alberta who require goods and services outside Canada which if provided in Alberta would be insured services.

Alberta Health Care Insurance Regulation — Amendments

A new Part 4.2 "Program Costs" was added in which Section 28.2 provides authority to the Minister to establish by order or enter into an agreement with a person for the extablishment of a program to benefit one or more physicians who provide insured services to residents of Alberta on a fee for service basis. The order or agreement provides the basis for eligibility, the basis on which rates are determined, and prescribes the manner in which program benefits are to be paid. (AR 75/86)

Section 1 (1), amended to include reference to Physical Therapy Profession Act and physical therapist; changing reference of "Physiotherapy" to "Physical Therapy". (AR 302/85)

Section 19 amended by adding "the Extended Health Services by Dental Mechanics Regulation (AR 259/85)" reference after "Alta. Reg. 25/83). (AR 302/85)

Section 31 amended to enable recipients of Extended Health Benefits to receive indemnity for the cost of dental services incurred in excess of the amount payable by the Alberta Health Care Insurance Plan but below the maximum benefit level of $1,200.00 if the individual was eligible to receive indemnity through some other plan provided by a private insurance carrier before he or his dependants became eligible for extended benefits. (AR 302/85)

Extended Health Services by Dental Mechanics Benefits Regulation

This regulation comes into force on the date that it was filed (August 9, 1985) and on coming into force is effective in respect of benefits for services provided on or after July 1, 1985. (AR 259/85)

Designed to eliminate the need for an agreement with the Dental Mechanics Association and includes a supporting Schedule with the rates and benefits payable. There is no change to the benefits from the coverage under the previous agreement method of paying for these benefits.

Medical Benefits Regulation

Medical Benefits Regulation (AR 178/85) was filed June 24, 1985 establishing the benefits payable to physicians for insured services rendered, and repealing the Medical Benefits Regulation. (AR 101/84).

Claims for Benefits Regulation (AR 204/81)

Section 3 amended to eliminate "or to an approved physiotherapy practice which has provided a health service" which is not needed as it is a basic health service, also changes the reference from section 25 to section 18.5 (opting - out of residents) of the Health Insurance Premiums Act. (AR 281/85)
Section 4(2) amended by removing reference to "in the information submitted by the practitioner". (AR 281.85)

Repeal Section 5 as it is not needed as a physiotherapist is a practitioner by definition. (AR 281/85)

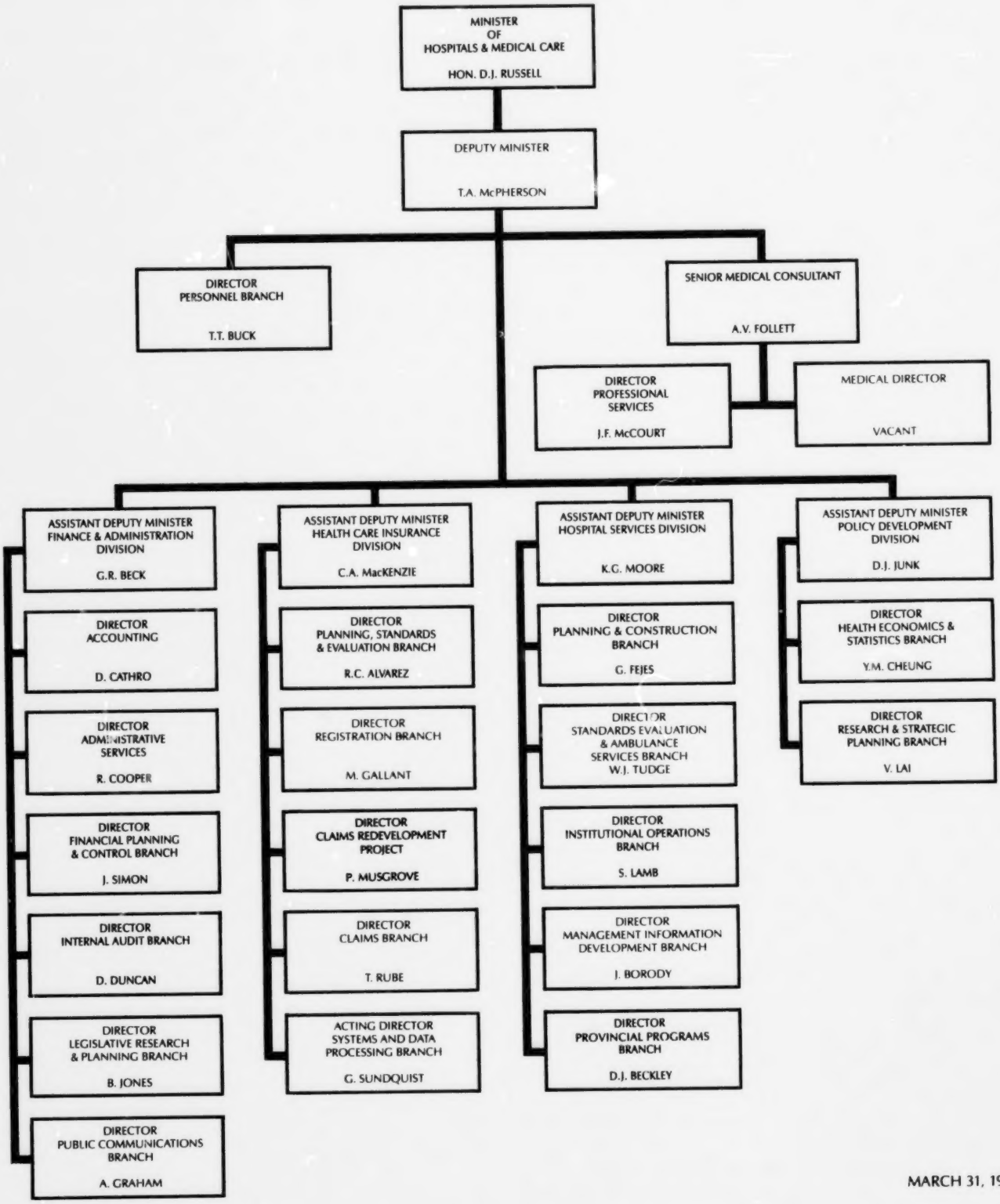
Repeal Section 7 as this is the Section with the $50.00 limit which now is replaced by the Payment For Out-of-Province Medical Claims Regulation. (AR 281/85)

Section 8(1) amended by changing the reference from Section 25 to Section 18.5 (opting - out of residents) of the Health Insurance Premiums Act. (AR 281/85)

Payment for Out-of-Province Medical Claims Regulation (AR 282/85)

Section 1(1) (a) and (b) amended - replace the words "total claim" with "service" - allows the Minister to process amounts charged up to $200.00 as billed. If the amount is in excess of $200.00 the Minister will pay the lesser of the amount charged by the physician or the amount payable under the Medical Benefits Regulation for the service.

ORGANIZATION CHART



MARCH 31, 1986

Alberta Health Care Insurance Plan

DESCRIPTION

The Alberta Health Care Insurance Plan operates under the authority of the Alberta Health Care Insurance Act and The Health Insurance Premium Act. It is a provincial government insurance plan which covers the costs of medical services and a number of related health care services for registered Alberta residents and their dependants.

Most employers arrange to register their employees and the employees' dependants through a group plan. People who are self-employed — and all others — register by applying directly to Alberta Health Care.

BENEFITS

Benefits are paid on a fee-for-service basis according to an approved schedule of benefits. Payments are made to registered residents of Alberta or, on their behalf, directly to practitioners. All Albertans registered with Alberta Health Care are entitled to the following

Basic Health Services:

—medically required services of general practitioners and specialists;

—specified oral surgical procedures carried out by dental surgeons;

—optometric services restricted to one eye examination, including refraction and the writing of a prescription for the fitting of glasses, in each benefit period* and limited to a maximum of $23.75. Benefits for more than one eye examination may be covered in a given period if the optometrist satisfies Alberta Hospitals and Medical Care that more than one assessment is required. Alberta Health Care does not pay for the fitting or cost of glasses;

—chiropractic services to a maximum of $11.50 for each visit with a limit during each benefit period* of $192.00 for single residents and $384.00 for those with one or more dependants. This coverage includes $19.00 for X-rays for each particular disability;

—approved podiatric services and appliances. There is a limit during each benefit period* of $192.00 for single residents and $384.00 for those with one or more dependants;

—physical therapy services to a daily maximum of $18.70 per person, with a limit during each benefit period* of $192.00 for single residents and $384.00 for those with one or more dependants. These limits are waived for cases which are considered a continuation of in-patient hospital care under the joint referral of the attending physician and hosptial physical therapy department, and for persons eligible for Extended Health Benefits.

* A benefit period consists of 12 months, beginning the first of each July and running until the end of the following June.

Albertans registered with the Alberta Health Care Insurance Plan are also entitled to insured Hospital services provided under the Alberta Hospitalization Benefits Plan which is covered separately in this Annual Report.

The monthly premium rates for the Alberta Health Care Insurance Plan are:

Regular Premium Rates	
Single	$14.00
Family	$28.00
Registrant or Spouse aged 65 and older	
Single or Family	NIL
Widows and Widowers receiving Alberta Widows' Pension	
Single or Family	NIL

There were no increases to the rates payable under the Schedule of Benefits for Basic Health Services during 1985-86.

During the year, the number of persons covered by Alberta Health Care increased 1.81% to 2,443,244 from 2,399,690 and the number of registrations increased 2.84% to 1,107,481 from 1,076,937.

The number of group plans increased 0.25% to 13,077 from 13,045 and the number of persons under group coverage increased 2.28% to 1,631,880 from 1,595,480. Included in the group figures are registrants 65 years of age and older and their spouses and dependants, widows and widowers receiving the Alberta Widows' Pension and their dependants, and registrants in receipt of an allowance under the Social Development Act.

Registrants who chose to opt out of Alberta Health Care for the year ended March 31, 1986 decreased by 9.40% to 106 from 117 at March 31, 1985. This involved 322 people who were responsible for paying their own health services.

Other programs that fall under Alberta Health Care are as follows:

PREMIUM ASSISTANCE PROGRAM

Subsidized Premiums

Reduced premiums, based on a person's previous year's taxable income*, are available if the person qualifies and applies. The subsidy granted by the Alberta Health Care Insurance Plan applies to one benefit period only and ends each June 30th. A new application must be made for each benefit period.

*Taxable income is total income less allowable deductions for income tax purposes.

The monthly rates for the premium subsidy program are:

Single:	Taxable income not more than $3,500	NIL
	Taxable income more than $3,500, but not more than $4,500	$7.00
Family:	Combined taxable income not more than $6,000	NIL
	Combined taxable income above $6,000 but not more than $7,500*	$14.00

*For family registration, taxable incomes of husband and wife are combined.

The number of registrants receiving coverage at reduced premium rates increased as follows:

	Registrations March 31, 1986	Registrations March 31, 1985
Complete Subsidy (based on taxable income)	115,071	104,785
Partial Subsidy (based on taxable income)	9,356	9,431
Total Subsidized Registrants	**124,427**	**114,216**

Waiver of Premiums

People who do not qualify for the Premium Subsidy Program and who are unable to pay their premiums due to current financial difficulties, may apply to Alberta Health Care to have their premiums temporarily waived. Eligibility is based on average monthly income over the three-month period just prior to the date the application is signed.

The qualifying levels are as follows:

Number of persons covered	Average Monthly Limits
1	$ 700.00
2	$ 1,200.00
3	$ 1,250.00

For each additional dependant, $50.00 is added.

The number of registrants in the social allowance recipient group who received premium-free coverage increased 9.29% to 58,895 from 53,890 and the number of persons covered increased 4.23% to 124,312 from 119,264. (These figures also include inmates of Provincial Correctional Centres and their spouses and dependants, who were exempted from payment of premiums for Basic Health Services.

The number of registrants who did not qualify for the 100% subsidy or social allowance, yet were granted waiver of premium due to current financial difficulties increased 427.10% to 12,060 from 2,288.

EXTENDED HEALTH BENEFITS

This program is provided free of charge to registrants aged 65 and older and their spouses and dependants, and for widows and widowers receiving the Alberta Widows' Pension and their dependants. The following benefits are paid in accordance with an approved schedule of rates:

- —Dental goods and services including restorative, surgical and prosthetic dental care and repairs to dentures. Not more than $1,200 is payable on behalf of one person for any two consecutive calendar years. A complete or partial dental plate or a reset for a given arch is payable only once in every five years and a reline or rebase once in every two years;
- —optical goods and services prescribed following an eye examination or required to maintain the prescription. A benefit for new eyeglasses is not payable more than once in every three years unless the eyeglasses have been accidentally damaged beyond repair or a change of prescription is necessary following surgery affecting vision.

Alberta Social Services and Community Health was responsible for providing benefits for hearing aids and surgical and medical supplies and appliances.

The number of registrants in the 65 years of age and older group who were exempted from premium payments increased 3.83% to 154,981 from 149,269 and the number of persons covered increased 3.67% to 227,940 from 219,868.

The number of registrants with Alberta Widows' Pension coverage increased 8.85% to 3,616 from 3,322 and the number of persons covered increased 6.98% to 4,156 from 3,885.

Alberta Blue Cross Non-Group Membership

Coverage is available through Alberta Health Care on an individual (non-group) basis at special rates to residents who are unable to obtain Alberta Blue Cross coverage through an employer. Alberta Health Care also provides Alberta Blue Cross Non-Group membership at no cost to registrants aged 65 and older and their dependants, and to eligible widows and widowers age 55 to 64 and their dependants. Alberta Blue Cross Non-Group Membership provides coverage for hospital differential charges for semi-private and private room care, ambulance services, prescribed drugs, appliances, home nursing, naturopathic services, clinical psychological services and dental care required because of an accident.

The monthly premium rates for Alberta Blue Cross Non-Group Membership are:

Regular Premium Rates	
Single	$6.60
Family	$13.20
Registrant or Spouse aged 65 or older	
Single or Family	NIL
Widows and Widowers receiving Alberta Widows' Pension	
Single or Family	NIL
Reduced Premium Rates	
Single	
Taxable income not more than $4,500	$4.70
Family	
Taxable income not more than $7,500*	$9.40

*For family registration, taxable income of husband and wife are combined.

The number of registrations under Alberta Blue Cross Non-Group coverage increased 2.95% to 244,017 from 237,036 and the number of persons covered increased 2.05% to 445,917 from 436,961.

ALBERTA HEALTH CARE EMERGENCY FINANCIAL ASSISTANCE PROGRAM

Under this program, a registrant can apply for special consideration to help in paying for insured health or hospital services received outside Alberta when costs exceed the benefits payable under the Alberta Health Care Insurance Plan. It applies:

—if the required services are not available in Alberta and the registrant has been referred by an Alberta physician, or

—if while temporarily absent from Alberta the registrant requires the services because of an emergency which could not have been reasonably foreseen or guarded against, or elective surgery, which according to the attending physician requires urgent treatment.

This program applies only if the excess costs place an undue burden on the registrant's financial resources.

During the fiscal year 1985/86 the number of applicants for Emergency Financial Assistance increased by 34.62%. The costs of the medical services increased by 54.92% to $477,300 while hospital costs increased by 75.26% to $1,375,891.

Advancement in medical technology and techniques, and an increase in organ transplants, account for the percentage increase in applications.

FINANCING

The Alberta Health Care Insurance Plan is financed by premiums, Government of Canada cash contributions and by a Government of Alberta grant to cover the remainder.

Premiums and interest financed 28.0% of the cost of Alberta Health Care, versus 31.7% last year. Government of Canada cash contributions accounted for an additional 15.4% of the cost as compared with 16.7% for the previous year. The remaining 56.6% was funded by a grant from the Government of Alberta. Last year this grant covered 51.6%.

Since April 1, 1977, Government of Canada contributions to the provinces have been in the form of transfer of tax points and direct cash payments. Prior to May, 1984, the cash contribution to Alberta respecting medical care was paid directly to the Health Care Insurance Fund by the Federal Government. Since May 1984, however, the cash contributions for hospital insurance and medical care have been combined and paid directly to the provincial General Revenue Fund by the Federal Government. The medical care portion of the cash contribution has been transferred to the Health Care Insurance Fund.

BENEFIT EXPENDITURE*

Total expenditures for Basic Health Services (provided in and outside of Alberta) increased by 8.4% to $611.3 million from $563.8 million in 1984/85. Included were fee-for-service payments, as well as payments in respect of medical practitioners on salary, sessional and contract arrangements.

Fee-for-service expenditures for Basic Health Services and their percentage changes over the previous year were:

Medical	$545,973,524 an	8.04% increase of	$40,619,102
Oral Surgery	$13,488,049 a	19.70% increase of	$2,219,627
Chiropractic	$21,524,652 a	4.55% increase of	$937,189
Optometry	$9,094,046 a	5.83% increase of	$500,958
Podiatry	$2,887,317 a	0.36% increase of	$10,224
Physical Therapy	$15,029,097 a	24.91% increase of	$2,997,015
Total	**$607,996,685 an**	**8.43% increase of**	**$47,284,115**

* The data presented in the following section refer to expenditures on a date-of-service basis for each reporting year, as presented in the Financial Statements of the Health Care Insurance Fund.

In addition to fee-for-service payments for Basic Health Services, $3,290,931 was paid to provincial and federal departments and agencies and groups of medical practitioners for health care services provided on salary, sessional and contract arrangements.

Alberta Health Care's average cost of benefits for Basic Health Services increased 6.50% to $250.20 per person.

The Workers' Compensation Amendment Act, 1981, and its consequential amendment to the Alberta Health Care Insurance Act effective January 1, 1982, transferred from the Workers' Compensation Board to the Health Care Insurance Fund the responsibility for paying benefits for Basic Health Services provided to injured workers coming under the Workers' Compensation Act. Subsequently, the Alberta Health Care Insurance Act and the Workers' Compensation Act were amended by the Alberta Health Care Statutes Amendment Act, 1983, assented to June 6, 1983, retroactive to January 1, 1982, to authorize the use of the Health Care Insurance Fund for the payments made on behalf of and recoverable from the Workers' Compensation Board. Payments for Workers' Compensation Board services have been excluded from the data relating to expenditures for Basic Health Services.

Fee-for-service expenditures for Extended Health Benefits and their percentage increases over the previous year were:

Dental	$18,112,716 an	11.44% increase of	$1,859,256
Denturists	$ 6,335,273 an	11.39% increase of	$ 647,830
Optometry	$ 2,432,383 an	11.83% increase of	$ 257,304
Ophthalmic Dispensers	$ 2,451,615 a	9.68% increase of	$ 216,469
TOTAL	**$29,331,987 an**	**11.31% increase of**	**$2,980,859**

Out-of-province hospital costs refer to expenditures made by the Alberta Health Care Insurance Plan to other provinces in Canada and other countries on behalf of the Alberta residents who receive hospital services (in-patient and out-patient) outside Alberta. Expenditures increased by 21.26% to $21,939,583 in 1985/86 from $18,092,372 in 1984/85.

Expenditures for Alberta Blue Cross Non-Group Membership rose to $87,145,508 from $74,416,031, an increase of 17.11%.

Sessional Payment Programs

Sessional payment arrangements, negotiated between the Department and individual hospitals, are an alternative form of physician remuneration on a program basis. Such an arrangement may be agreed to between a hospital and the Department in order to establish and maintain a specific program, e.g. psychiatric services and the Diagnostic Assessment and Treatment Centre of the Alberta Children's Hospital. Funding is also provided to two community health centres, one located in Calgary and the other in Edmonton.

During the reporting year, existing programs were reviewed and updated as necessary. The total amount of funding provided to the programs through the Alberta Health Care Insurance Plan was $3,290,931.

In addition, the Department also monitors and makes the payments on behalf of the mental health sessional payment program of the Department of Social Services and Community Health. These payments are later recovered from that Department.

Incentive Payments Program

On January 3, 1985, the Incentive Payments Agreement was ratified between the Department of Hospitals and Medical Care and the Alberta Medical Association. The purpose of the program is to encourage physicians to practice in rural communities by providing incentive payments. The program is designed to improve medical service accessibility through the province.

Expenditures for location incentives for 1985/86 are estimated at $1,556,269.

Continuing Medical Education

By agreement with the Department, the Alberta Medical Association administers a Continuing Medical Education Program which is funded by the Department. This became effective April 1, 1984 and provides an allowance for fee-for-service Alberta Physicians who wish to continue their post-graduate medical education. Department funding for fiscal year 1985/86 totalled $1,623,780.

SUMMARY OF ACTIVITIES

Claims Branch Reorganized

The Claims branch, which is responsible for assessing and paying claims, was reorganized to streamline operations. All primary assessments are now the responsibility of one manager while another manager is responsible for claims that have been assessed and require further manual intervention.

An additional nurse consultant was hired in the Claims branch to provide staff with the technical expertise they require to assess claims. The branch now has two nurse consultants, one who supervises the Surgical Assessment unit and the other who provides technical advice to Claims branch staff and management.

Registration/Claims Interface Unit Established

The Claims and Registration branches started coordinating their work effort in October 1985, to ensure that practitioners were provided with registration information to submit claims. Prior to this, a physician would have to contact each of the branches for information. The Registration branch seconded staff to Claims to assist with the backlog in the Appeals and Inquiries unit. This became the Registration/Claims Interface unit and registration problems were resolved there rather than being referred back to the physician. Registration and Claims staff have also been cross-trained so they can assist either branch.

Correspondence Reviewed

Working committees have been established within the Claims branch to review the quality of correspondence and review and clarify the General Rules and Assessment policies. In addition, a special unit was established to monitor quality control within the branch.

Electronic System for Transactions

The Registration branch developed a system which allows employers with large transaction volumes to submit specific changes electronically.

Policy Studies Undertaken

The Planning, Standards and Evaluation branch provided input into four major policy papers and studies, including basic/supplementary health services, extra billing and portabiltiy. Several policy requests were developed including out-of-country in-patient default rate; out-of-country out-patient services rate; coverage of non-Canadians; foreign language claims; coverage for hockey players for the 1988 Winter Olympics; and treatment for substance addiction.

A review of significant issues around the out-of-province claims process identified a number of opportunities to increase productivity and effectiveness for Alberta Health Care. The preparation of the Administration Cost Review Study put future options into perspective where future cost effective initiatives could be made. And the evaluation of a proposed pilot study with Alberta Blue Cross was undertaken to enable Alberta Health Care to look in more detail at an alternative to processing out-of-country claims more effectively from a registrant's point of view.

Resource Development Unit Re-Assigned

The Resource Development unit joined the Planning, Standards and Evaluation branch in July, 1985. This training component provided theoretical and practical training to employees. Previously the unit reported to the Assistant Deputy Minister of the Health Care Insurance Division.

Following the reporting change, the unit focused its attention on an evaluation of its training services, enhancing its training programs in support of the Registration and Claims branches, developing an overall divisional orientation and communications training programs, and continuing the services provided by the previous Resource Centre.

Claims Redevelopment Project Launched

The Claims Redevelopment project is responsible for improving the present AHCIP claims system. The current system is 15-years old and is being analyzed to determine if it can be altered or if it should be replaced. With the assistance of management consulting firms, a project plan has been developed

and a business strategy established. Key areas to be examined are health care funding and cost constraint options, and the system effectiveness and functionality in the technologies offered. A revised concept of operations has been recommended which proposes such things as utilization incentives, revisions to the Schedule of Medical Benefits, operational and system improvements, and modifications to the system's structure.

Registration, Eligibility and Premiums Systems Project Moving Ahead

The Registration, Eligibility and Premiums Systems Project (REAP) is designed to develop a new computer system to improve the operation and flow of information relating to the registration of Alberta residents and the collection of premiums under Alberta Health Care. The user specifications for the new system are complete and REAP is now entering into its development phases. When implemented, the system will feature full on-line inquiry and update capabilities utilizing state-of-the-art technology. The major benefit will be significantly improved levels of service for registrants, practitioners and employer group administrators.

Planning Begins For Communications Training

Planning started for a comprehensive communications training program for all Alberta Health Care staff. The program will involve face-to-face, written and oral communication skills and will emphasize a service orientation.

Alberta Hospitalization Benefits Plan

DESCRIPTION

The Alberta Hospitalization Benefits Plan operates under the authority of the Hospitals Act. This Plan provides for in-patient hospitalization services at standard ward level, and out-patient services in approved facilities to residents of Alberta who are registered under the Alberta Health Care Insurance Plan.

Three types of hospitals fall under the Alberta Hospitalization Benefits Plan. They are:

General or Active Treatment Hospitals: which provide basic hospital services throughout the province. Specialist services are provided in larger, regional hospitals. Admission to a general hospital is by order of a physician.

At March 31, 1986, there were 125 general hospitals operating in Alberta, including 123 public general hospitals which were approved by the Minister of Hospitals and Medicial Care, and two federal general hospitals. Twenty-two of these general hospitals operated long-term care beds.

The total capacity of all public and federal general hospitals was 13,064 adult and children beds (including 657 long-term care beds) providing a ratio of 5.5 beds per 1,000 population.

Auxiliary Hospitals: which provide care and treatment for patients with long-term or chronic illnesses, who require a less intensive level of care than is provided in general hospitals. For some patients, treatment results in rehabilitation to a point that return to the community or transfer to a nursing home or other residential facility is possible. For others, nursing and medical care is provided for an extended period.

There were 44 auxiliary hospitals operating in the province at March 31, 1986, with total capacity of 4,243 beds. These beds, together with 657 beds in long-term care units in general hospitals, provided a ratio of 2.1 long-term care beds per 1,000 total population and 25.2 beds per 1,000 population 65 years of age and older.

Mental Health Hospitals: which provide psychiatric services to patients who are admitted by a physician. Acute care and long-term care are provided for adults. Special units are also available for the elderly.

Two mental health hospitals, providing acute and long-term psychiatric care, had a total capacity of 1,072 beds at March 31, 1986, averaging 0.4 beds per 1,000 population.

BENEFITS

Alberta Hospitalization Benefits provide coverage for the following in-patient and out-patient services in the province's approved general, mental health and auxiliary hospitals:

In-Patient Services:

—accommodation and meals at the standard or public ward level;
—necessary nursing care;
—diagnostic and treatment services;
—drugs, medical preparations and routine surgical supplies provided and administered in a hospital;
—transportation within the province between hospitals, and from a hospital to a nursing home when ordered by a physician; and
—special services as ordered by a physician.

Out-Patient Services:

—emergency treatment and, where available, day surgery;
—diagnostic laboratory and radiological procedures;
—specialized clinics, such as orthopedic and diabetic clinics;
—physical therapy, occupational, speech, respiratory and psychiatric therapy.

Services not covered:

—private or semi-private rooms when provided at the request of the patient;
—transporting out-patients between hospitals;
—artificial limbs and other external prosthetic appliances;
—examinations for use by third parties;
—drugs and medical preparations not considered necessary for treatment;
—oxygen for use by patients of auxiliary hospitals after discharge or when away from hospitals for weekends;
—drugs and other goods provided for use after a patient is discharged from a hospital; and
—laboratory and X-ray services provided by another facility not approved by the Minister.

In Alberta, a $10.00 charge was levied upon admission to a general hospital, except for those aged 65 years and older, their spouses and dependants, eligible widows and widowers aged 55 - 64 and their dependants. A co-insurance charge of $8.00 a day was made when a stay in an auxiliary hospital exceeded 120 days.

Outside Canada, in-patient hospitalization benefits were provided in accordance with a schedule of rates based on the approved rate for standard ward care in Alberta at the same size and type of hospital. Out-patient hospitalization benefits were provided on the basis of the inter-provincial rates for the same services. Under special circumstances, residents were eligible to apply for help in paying excessive hospital costs incurred out-of-Country through the Emergency Financial Assistance Program.

The Graduate Medical Education Program

Under this program the Department funds the salaries paid to interns and residents during their training at major Alberta teaching hospitals. As well, the Department provides stipends to medical undergraduates, who as clinical clerks, spend their final year before graduation working in a hospital environment. The department also shares in the funding of geographic appointees. These are physicians who are members of the faculties of Medicine of either the University of Calgary or the University of Alberta and who, while providing valuable services to patients in teaching hospitals, serve as clinical instructors in medical education.

During 1985/86, the number of departmentally funded positions for interns and residents was increased to 663 from 659. Funding of the program was reviewed in cooperation with both medical faculties and all major teaching hospitals in the province, and department payments were adjusted in accordance with contractual agreements.

Emergency Air Ambulance Program

The Air Ambulance program funds emergency transporation to patients under the following conditions:

- The level of care required is not available where the person is hospitalized; and
- The nearest centre where the patient can receive the necessary level of care is in Alberta.

The Department was responsible for the expenditure of $3,693,366 for air medical evacuation provided for patients through this program. The average cost for 2,643 patients was $1,397.41 per trip.

FUNDING

The Department of Hospitals and Medical Care provides funding for the operation of hospital facilities on a global basis. Capital funding is also provided for approved projects. The majority of contact with the facilities is through the Hospital Services Division with support from the Finance and Administration and the Policy Development Divisions (see organization chart).

Over the last seven years, the Department has undertaken a major hospital construction program throughout the province. During 1985/86, 20 facilities entered the planning stage, 9 commenced design, 21 facilities began construction, and 13 facilities were completed.

A complete listing of projects involved in these phases of development for 1985/86 can be found in Table 2.

Distribution of total expenditure by general, auxiliary and mental health facilities is found in the Financial Information section of the Annual Report.

SUMMARY OF ACTIVITIES

Several programs continued or were undertaken during 1985/86 to improve the efficiency and effectiveness of the facilities:

Value Improvement Program (VIP)

The Value Improvement Program (VIP) is a management process with the objective of reducing costs while maintaining or increasing quality of care. A volunteer task group works through a planned process to identify a hospital's costs in providing the service under study (e.g. myocardial infarction). This information is compared with data from other hospitals using the same management process. Cost differences across institutions provide focus for the study of the physician and hospital practices underlying the cost differences. The task force, under the chairmanship of a physician, determines which differences present the greatest opportunity to improve practice and reduce cost. Action plans are then developed to capture the savings opportunities.

The Foothills Hospital in Calgary has completed eight task group studies and has an additional three studies underway. The hospital has gained considerable knowledge in the management of its resources and in its delivery of care.

Operational Review - University of Alberta Hospitals

The Department of Hospitals and Medical Care and the University of Alberta Hospitals jointly agreed to have an outside consultant carry out a comprehensive operational review of the hospital. This involved a comparative review of selected major services with six similar types of reference hospitals throughout Canada. The information obtained from these reference hospitals was compared with the University of Alberta Hospitals productivity levels. Based on the reference hospitals' standards and the Department's standards, a budget model was developed for the 1987/88 fiscal year. This budget is still subject to review by the three parties.

Hospital Funding Pilot Project

During the last 10 years, a number of alternatives to the assisting global hospital funding system have been examined by the Department of Hospitals and Medical Care. In October 1981, after a comprehensive review of several consultants' reports and Departmental and Alberta Hospital Association discussion papers, the Department and three hospitals agreed to pilot a volume-driven funding system similar to that recommended in the study prepared by the outside consultant. As a first step, the development of a role description for each of the participating hospitals and an operational review to develop a basis for determining appropriate levels of funding were completed. On this basis, the Department decided to implement a three-year pilot funding system for 1983/84 to 1985/86 for the Calgary Foothills, Medicine Hat and District, and Drumheller hospitals. Briefly, the hospitals were given a budget based on estimated fixed costs plus variable costs based on a set amount per in-patient stay and out-patient visit within an agreed upon maximum. The Medicine Hat and District Hospital withdrew from the pilot study at the end of the second year due to its major capital construction program. The agreement period for the other two hospitals ended on March 31, 1986. A final report of the study is due later in 1986. To allow continuity of the pilot system, the Department has agreed to extend the pilot funding project for 1986/87 for Foothills and Drumheller.

Alberta Urban Hospitals Project

Construction commenced in September, 1984 on the Peter Lougheed General Hospital, a 496-bed acute care facility located in the northeast part of Calgary. This project involves a capital budget of $116.5 million for design, construction, equipment and commissioning. At March 31, 1986, the construction work was 55% complete.

The Mill Woods Hospital, 538-bed acute care hospital located in the Mill Woods area of southeast Edmonton, commenced construction in November, 1984. The capital budget for the project is $125.1 million, for design, construction, equipment and commissioning. As of March 31, 1986, construction progress was 50.5% complete.

Shared Diagnostic Services

The Department assisted with the development of clinical laboratory referral and consultative services in the Grande Prairie area and at the Rockyview Hospital in Calgary. This is an effort to increase cooperation between hospitals which are seeking improved services and cost efficiencies.

Alberta

HOSPITALS AND MEDICAL CARE

MARCH 1986

GENERAL HOSPITAL DISTRICT ——

GENERAL HOSPITAL ▪

AMBULATORY CARE FACILITY (AC)

FEDERAL NURSING STATION (FN)

Multiple facilities are indicated (2)

TABLE 1

HOSPITALS BY LOCATION, OWNERSHIP AND APPROVED BED COMPLEMENT as at March 31, 1986

Location/Name	Ownership	Approved Bed Complement[1]		
		Adult and Children		Newborn Bassinets
		Acute	Auxiliary	
PUBLIC GENERAL HOSPITALS				
Athabasca General and Auxiliary	District	42	23	5
* Banff, Mineral Springs	Religious	46		10
* Barrhead General	District	83		14
Bashaw General	District	30		7
* Bassano General	District	30		7
* Beaverlodge Municipal	District	30		9
* Bentley General	District	10		1
Black Diamond, Oilfield General	District	25	23	4
Bonnyville, St. Louis	Religious	60		12
* Bow Island General	District	19	20	3
Boyle General	District	30		7
Breton General	District	30		7
* Brooks Health Centre	District	70		15
* Calgary, Alberta Children's Provincial General	Provincial	128		
* Calgary, Colonel Belcher	District	194	147	
* Calgary, Foothills Provincial General	Provincial	816		98
* Calgary General	Municipal	914		63
* Calgary, Holy Cross	District	532		82
* Calgary, Rockyview General	District	194		
* Calgary, Salvation Army Grace	Religious	100		50
* Camrose, St. Mary's	Religious	117		12
Canmore Municipal	District	49		8
* Cardston Municipal	District	60	34	14
* Castor, Our Lady of the Rosary	Religious	30		6
Cereal Municipal	District	9		2
* Claresholm General	District	43		6
* Coaldale Community	Lay Corp.	25		5
Cold Lake, John Neil	District	45		8
Consort Municipal	District	20		6
Coronation Municipal	District	25		4
Daysland General	District	30		7
Devon Civic	Municipal	25		4
* Didsbury, Mountain View Health Care Centre (General)	District	50		8
* Drayton Valley General	District	50	30	8
* Drumheller, Regional Health Complex (General Centre)	District	70		10
Eckville Municipal	District	26		5
* Edmonton, Charles Camsell	District	365		26
* Edmonton, Cross Cancer Institute	Provincial	76		
* Edmonton General	Religious	589		45
* Edmonton, Glenrose Rehabilitation	Provincial	309		
* Edmonton, Misericordia	Provincial[2]	558		100
* Edmonton, Royal Alexandra	Municipal	933		131
* Edmonton, University of Alberta	Provincial	1,196	40	117
* Edson, St. John's	Religious	51		9
* Elk Point Municipal	District	32	10	4

TABLE 1 cont'd.

Location/Name	Ownership	Approved Bed Complement[1]		
		Adult and Children		Newborn Bassinets
		Acute	Auxiliary	
Elnora General	District	10		3
Empress Municipal	District	10		3
Fairview General	District	50		10
* Fort Macleod Health Care Centre	District	40		7
* Fort McMurray Regional	District	142		24
* Fort Saskatchewan General	District	50		7
Fort Vermilion, St. Theresa General	District	36		5
Fox Creek Hospital	District	10		
Galahad General	District	40		9
Glendon Municipal	District	12		2
Grande Cache General	District	34		7
Grande Prairie, Queen Elizabeth II	District	238	47	29
Grimshaw, Grimshaw/Berwyn and District	District	25		4
* Hanna General	District	50		9
Hardisty General	District	20		6
* High Level Community Health Centre	District	25		10
* High Prairie Regional Health Complex	District	75		16
* High River General	District	65		8
* Hinton General	District	40		12
* Hythe Municipal	District	10		3
* Innisfail Health Care Centre	District	35	40	6
Islay Municipal	District	8	20	
Jasper, Seton General	District	33		8
* Killam General	Religious	30		7
* Lac La Biche, William J. Cadzow	District	72	25	6
* Lacombe General	District	50		9
* Lamont, Archer Memorial	Religious	48	24	10
* Leduc General	District	35		8
* Lethbridge Regional (General Centre)	District	205		34
* Lethbridge, St. Michael's General	Religious	202		18
* McLennan, Sacred Heart	District	61		6
* Magrath Municipal	District	26		6
* Manning Municipal	District	34		8
Mannville Municipal	District	20	8	3
Mayerthorpe General	District	25		4
* Medicine Hat and District (General Centre)	District	290		42
Milk River, Border Counties General	District	27		4
Mundare, Mary Immaculate	Religious	10	20	
* Municipality of Crowsnest Pass, Crowsnest Pass General	District	41		6
Myrnam Municipal	District	20		8
* Olds Municipal	District	43		6
Oyen, Big Country	District	27	30	7
* Peace River Municipal	District	71		12
Picture Butte Municipal	District	25		6
* Pincher Creek Municipal	District	42	20	6
* Ponoka General	District	50		11
Provost Municipal Health Care Centre	District	31		4
* Raymond General	District	25		6
* Red Deer Regional Hospital Centre	District	349		42

TABLE 1 cont'd.

Location/Name	Ownership	Approved Bed Complement[1]		
		Adult and Children		Newborn Bassinets
		Acute	Auxiliary	
*Redwater General	District	32		6
*Rimbey General	District	26		9
*Rocky Mountain House General	District	57	20	8
*St. Albert, Sturgeon General	District	100		17
*St. Paul, St. Therese General	District	75		18
Slave Lake General	District	39		7
Smoky Lake, George McDougall Memorial	District	25	23	6
*Spirit River, Central Peace General	District	42		6
*Stettler General	District	50		8
Stony Plain Municipal	District	27		7
Strathmore, Valley General Hospital and Extended Care Centre	District	25		4
*Sundre General	District	34		7
Swan Hills General	District	20		4
*Taber and District Health Care Complex (General)	District	44		8
Three Hills Health Care Centre	District	25	23	6
Tofield Municipal	District	31		9
*Trochu, St. Mary's Health Care Centre	Religious	15	15	
*Two Hills Health Care Centre (General Centre)	District	37		9
Valleyview Health Centre	District	35		7
*Vegreville, St. Joseph's General	Religious	70		13
*Vermilion Health Care Complex	District	39	15	7
*Viking General	District	32		6
Vilna, Our Lady's	District	17		3
*Vulcan General	District	25		5
*Wainwright and District Health Care Complex (General Centre)	District	49		9
*Westlock, Immaculata	Religious	80		11
*Wetaskiwin General	District	135		16
*Whitecourt General	District	34		7
Willingdon, Mary Immaculate	Religious	25		6
Sub-total 123 Public General Hospitals		12,328	657	1,635
FEDERAL GENERAL HOSPITALS				
Cardston, Blood Indian	Federal	29		
*Medley, Canadian Forces Hospital Cold Lake	Federal	50		10
Sub-Total 2 Federal General Hospitals		79		10
Total 125 General Hospitals		12,407	657	1,645
MENTAL HEALTH HOSPITALS				
* Edmonton, Alberta Hospital	Provincial	648		
Ponoka, Alberta Hospital	Provincial	424		
Total 2 Mental Health Hospitals		1,072		

Location/Name	Ownership	Approved Bed Complement(1)
AUXILIARY HOSPITALS		
Barrhead	District	25
*Brooks	District	25
*Calgary, Bethany Care Centre	Religious	417
*Calgary, Cross Bow	District	100
*Calgary, Dr. Vernon Fanning Extended Care Centre	District	300
*Calgary, Foothills	Provincial	180
*Calgary, Glenmore Park	District	200
*Calgary, Sarcee	District	100
*Camrose, Bethany	Religious	50
Canmore	District	23
Carmangay, Little Bow	District	16
*Claresholm, Willow Creek-Claresholm	District	50
Coronation, Coronation-Paintearth Auxiliary	District	23
*Didsbury, Mountain View Health Care Centre (Auxiliary)	District	50
*Drumheller, Regional Health Complex (Auxiliary Centre)	District	30
*Edmonton, Allen Gray	Lay Corp.	52
*Edmonton, Dickinsfield Extended Care Centre	District	200
*Edmonton, Good Samaritan	Religious	200
*Edmonton, Grandview Extended Care Centre	District	200
*Edmonton, Lynnwood Extended Care Centre	District	175
Edmonton, Millwoods Shepherd's Care Centre (Auxiliary Centre)	Religious	72
*Edmonton, Norwood Extended Care Centre	District	141
*Edmonton, St. Joseph's Hospital	Religious	198
Edmonton, St. Michael's Extended Care Centre	Lay Corp.	75
*Edmonton, Youville Geriatric Services (3)	Religious	210
Edmonton, Mewburn Veterans' Centre	Provincial	150
*High River	District	25
*Killam, Flagstaff	District	50
*Lacombe	District	25
*Lamont	District	50
*Lethbridge Regional Hospital (Rehabilitation Centre)	District	100
Lloydminster	District	50
*Medicine Hat and District (Auxiliary Centre)	District	136
*Peace River	District	50
Radway Health Care Centre	Municipal	20
*Red Deer, Dr. Richard Parsons	District	100
*Rimbey	District	45
*Stettler, Dr. A.E. Kennedy	District	50
Taber & District Health Care Complex (Auxiliary Centre)	District	20
*Vegreville	District	50
*Wainwright and District Health Care Complex (Auxiliary Centre)	District	75
Westlock, Thorhild-Westlock	District	50
*Wetaskiwin	District	50
Whitelaw, Hotel-Dieu of St. Joseph	District	35
Total 44 Auxiliary Hospitals		4,243

NOTES:

* Indicates that the hospital is accredited by the Canadian Council on Hospital Accreditation.

(1) Number of beds and bassinets that the hospital was approved to accommodate at March 31, 1986 (as approved by the department and Federal Government as at February 3, 1987).

(2) The Misericordia Hospital is operated by the Alberta Catholic Hospitals Foundation.

(3) Includes 16 Acute beds.

TABLE 2

STATUS OF CAPITAL CONSTRUCTION PROJECTS
March 31, 1986

LOCATION	NAME OF FACILITY	PROJECT	RATED BED CAPACITY Prior to Construction ACT	AUX	NH	Upon Completion ACT	AUX	NH	STATUS OF CONSTRUCTION
BANFF	Mineral Springs Hospital	Replacement	49	—	—	41	25	—	Construction
BARRHEAD	Barrhead General and Nursing Home	Replacement	67	—	52	87	25	75	Completed
BLAIRMORE	Crowsnest Pass General Hospital	Replacement	62	—	66	40	20	40	Construction
BONNYVILLE	St. Louis Hospital	Replacement	64	—	—	72	30	—	Construction
BOW ISLAND	Bow Island General Hospital	Addition	20	20	—	20	50	—	Completed
CALGARY	Cross Bow Auxiliary Hospital	Replacement	—	100	—	—	100	—	Planning
	Foothills Provincial General Hospital	Renovations and consolidation							Construction
	Calgary General Hospital	Rejuvenation							
	Holy Cross Hospital	Redevelopment							Planning
	Peter Lougheed General Hospital	New facility	—	—	—	346	—	—	Planning Construction
	Rockyview General Hospital	Replacement and renovations	194	—	—	542	—	—	Construction
	Salvation Army Grace Hospital	Renovations	116	—	—	116	—	—	Completed
CAMROSE	Bethany Auxiliary Hospital	Replacement	—	50	100	—	70	127	Design
	St. Mary's Hospital	Replacement	121	—	—	122	—	—	Design
CLARESHOLM	Willow Creek-Claresholm Auxiliary	Replacement	—	50	—	—	50	50	Design
COALDALE	Coaldale Community Hospital	Replacement and expansion	26	—	—	25	23	—	Planning
COLD LAKE	John Neil Hospital	Replacement	47	—	—	87	15	25	Construction
DAYSLAND	Dayslend General Hospital	Replacement	32	—	—	34	—	—	Planning
DRUMHELLER	Drumheller Gen. & Aux. Hosp. & N.H. District No. 3	Replacement and expansion	73	30	80	73	35	80	Planning
EDMONTON	Alberta Hospital	Master Plan							Planning
	Cross Cancer Institute	Renovations and expansion							Planning

Note: Planning: Covers activities from approval of project request to project scope definition.
Design: Covers activities from project scope definition to contract award.
Construction: Covers activities from contract award to completion of construction.
Bassinets are included in the ACT bedcount (three bassinets equal one acute bed)
Due to changes made after construction, beds prior to construction may not be the same as present approved beds.

TABLE 2 cont'd.

LOCATION	NAME OF FACILITY	PROJECT	RATED BED CAPACITY Prior to Construction ACT	AUX	NH	Upon Completion ACT	AUX	NH	STATUS OF CONSTRUCTION
EDMONTON	Edmonton General Hospital	Redevelopment							Planning
	Glenrose Rehabilitation Hospital	Replacement	309	—	—	273	—	—	Design
	Good Samaritan Auxiliary Hospital	Replacement	—	200	—	—	200	—	Design
	Grey Nuns Hospital	New facility	—	—	—	74	—	—	Construction
	Misericordia Hospital	Addition							Planning
	Royal Alexandra Hospital	Addition							Planning
	University of Alberta Hospital	Clinical Sciences Bldg. - Renovations							Planning
FORT MACLEOD	MacLeod Municipal Hospital	Replacement and addition	35	—	—	42	30	—	Completed
FORT VERMILION	St. Theresa General Hospital	Staff Residence							Completed
GRANDE PRAIRIE	Queen Elizabeth II Hospital	Renovations and new construction	139	50	50	247	110	100	Construction
LACOMBE	Lacombe General Hospital	Replacement and addition	53	18	52	53	25	50	Completed
LEDUC	Leduc General Hospital	Addition and renovations	37	—	—	110	—	—	Construction
LETHBRIDGE	Lethbridge Regional Hospital	Replacement	215	100	—	330	100	—	Construction
LLOYDMINSTER	Lloydminster Hospital	Replacement	96	—	—	125	—	—	Construction
MAYERTHORPE	Mayerthorpe General Hospital	Replacement	23	—	—	26	—	—	Completed

Note: Planning: Covers activities from approval of project request to project scope definition.
Design: Covers activities from project scope definition to contract award.
Construction: Covers activities from contract award to completion of construction.
Bassinets are included in the ACT bedcount (three bassinets equal one acute bed)
Due to changes made after construction, beds prior to construction may not be the same as present approved beds.

TABLE 2 Cont'd.

LOCATION	NAME OF FACILITY	PROJECT	RATED BED CAPACITY Prior to Construction ACT	AUX	NH	Upon Completion ACT	AUX	NH	STATUS OF CONSTRUCTION
MCLENNAN	McLennan General Hospital and Nursing Home District	Replacement and renovations	63	—	50	53	20	50	Design
MEDICINE HAT	Medicine Hat and District (Gen Ctr)	New facility and renovations	244	100	—	307	136	—	Construction
OLDS	Olds Municipal Hospital	Replacement	45	—	—	53	25	25	Construction
OYEN	Big Country Hospital	Renovation and addition	33	—	—	29	15	15	Completed
PONOKA	Alberta Hospital	Master Plan							Completed
	Alberta Hospital	Brain Injury Unit							Planning
	Alberta Hospital	Activity and Treatment Ctr							Construction
	Ponoka General Hospital	Replacement and addition	53	—	—	54	30	—	Construction
ROCKY MOUNTAIN HOUSE	Rocky Mountain House General	New Nursing Home	39	20	—	39	30	50	Planning
SLAVE LAKE	Slave Lake General Hospital	Addition	41	—	—	41	10	20	Design
SMOKY LAKE	George McDougall Memorial Hospital	Replacement	27	—	—	26	22	—	Completed
ST. ALBERT	Sturgeon General Hospital	Replacement	105	—	—	200	—	—	Design
ST. PAUL	St. Therese General Hospital	Addition and renovations	81	—	—	91	30	—	Construction
STETTLER	Stettler General Hospital	Replacement and renovations	52	50	50	52	50	50	Construction
SWAN HILLS	Swan Hills Hospital	New facility	—	—	—	21	—	—	Completed
TABER	Taber General Hospital	Replacement	70	—	—	48	20	50	Completed
TOFIELD	Tofield Municipal Hospital	Replacement	34	—	—	40	20	30	Construction
TWO HILLS	Two Hills Health Care Centre	Replacement and expansion	40	—	30	33	20	40	Construction

Note: Planning: Covers activities from approval of project request to project scope definition.
Design: Covers activities from project scope definition to contract award.
Construction: Covers activities from contract award to completion of construction.
Bassinets are included in the ACT bedcount (three bassinets equal one acute bed)
Due to changes made after construction, beds prior to construction may not be the same as present approved beds.

TABLE 2 cont'd.

LOCATION	NAME OF FACILITY	PROJECT	RATED BED CAPACITY Prior to Construction ACT	AUX	NH	Upon Completion ACT	AUX	NH	STATUS OF CONSTRUCTION
VALLEYVIEW	Valleyview Health Centre	Replacement and addition	37	—	—	37	8	17	Planning
VEGREVILLE	Vegreville Auxiliary Hospital and Nursing Home	Renovations and addition	—	50	40	—	50	80	Planning
VEGREVILLE	St. Joseph's General Hospital	Renovations, expansion & upgrade	74	—	—	74	—	—	Planning
WABASCA	Wabasca – Desmarais General Hospital Project	New facility and staff residence	—	—	—	15	—	—	Planning
WAINWRIGHT	Wainwright General Hospital	Replacement and renovations	51	50	—	52	75	—	Completed
WESTLOCK	Immaculata Hospital	Replacement	83	—	—	65	—	—	Planning
WETASKIWIN	Wetaskiwin General Hospital	Replacement and renovations	140	50	50	140	50	80	Design
	Alberta Heritage Savings and Trust Fund								
EDMONTON	Walter C. Mackenzie Health Sciences Centre	Replacement	1038	40	—	843	—	—	Construction

Note: Planning: Covers activities from approval of project request to project scope definition.
Design: Covers activities from project scope definition to contract award.
Construction: Covers activities from contract award to completion of construction.
Bassinets are included in the ACT bedcount (three bassinets equal one acute bed)
Due to changes made after construction, beds prior to construction may not be the same as present approved beds.

The Alberta Nursing Home Plan

DESCRIPTION

The Alberta Nursing Home Plan operates under the authority of The Nursing Homes Act. The Act provides for the establishment and incorporation of nursing home districts and gives the Minister of Hospitals and Medical Care the authority to enter into contracts with district boards or proprietary agencies to provide nursing home care under the provisions of the Act.

BENEFITS

Nursing homes provide supervised, personal care for people who are not ill enough to require hospitalization in a general or auxiliary hospital but who require assistance in coping with daily living. There are three kinds of nursing home ownerships in Alberta — private, voluntary and district. Under the Alberta Nursing Home Plan, eligible residents receive per diem benefits in those homes which are under contract with the Minister of Hospitals and Medical Care to provide care under the terms and provisions of the Nursing Homes Act. As well, each patient is required to pay a daily rate set out in the regulations governing contract nursing homes. The daily rates that nursing home operators can charge directly to eligible patients stood at $10.00 for standard, $12.50 for semi-private and $16.25 for private accommodation as of March 31, 1986.

At the end of the reporting year there was a total capacity of 7,808 beds in 87 nursing homes, averaging 40.2 beds per 1,000 population 65 years of age and older.

A complete listing of nursing homes by location, ownership and approved bed complement follows.

A distribution of total expenditure by Nursing Home is found in the Financial Information.

SUMMARY OF ACTIVITIES

As was mentioned in the Summary of Major Activities at the front of the Annual Report, the new Nursing Homes Act was passed by the Provincial Legislature in September of 1985. Along with the changes brought about by the new Act, a number of other initiatives were undertaken to improve the level of care and service to people in the long term care system. In announcing the new Act, the Minister of Hospitals and Medical Care also noted that units designed for the mentally dysfunctioning elderly will be established within auxiliary hospitals throughout the province. It is proposed that up to twelve 30-bed units will be phased in over the next three years. In addition, two units for the young physically handicapped are under development within auxiliary hospitals in Edmonton and Calgary.

Patient Classification Tool Development Project

In response to a recommendation made in the Nursing Home Review Panel Report and the recommendations made by the Nursing Home Liaison Committee, the Minister of Hospitals and Medical Care approved the development of a patient classification tool to assist in estimating care requirements of patients in nursing homes and auxiliary hospitals. Information from the Tool will be used as one variable for the development of funding mechanisms for distribution of existing funds to nursing homes and auxiliary hospitals in a manner which will be sensitive to variations in case mix.

Development of the Patient Classification Tool is divided into three phases. Phase I involves the conceptulization and development of a Tool which will group nursing home and auxiliary hospital patients into categories reflecting variations in resource requirements. Phase II involves an evaluation of the Tool and Phase III will focus on the plans for implementing the Tool. Phase I is expected to be completed by June of 1986.

Assessment and Placement Model

One of the major recommendations of the Nursing Home Review Panel was the development of a single entry model into the long-term care system. As a result of the recommendation, the three provincial government departments involved in long-term care — Social Services and Community Health, Housing, and Hospitals and Medical Care — along with Alberta Mortgage and Housing Corporation — developed a single entry assessment and placement model.

The model calls for initial assessment of individuals to be made through the Coordinated Home Care Program. People who are identified as requiring long-term institutional care will then be referred to an institutional care coordinator. Assessment and placement services in each region are the responsibility of the Regional Assessment and Placement Committee.

The model is being pilot-tested in a rural and an urban location within Alberta. The rural location selected is the Foothills Health Unit area, which includes the municipal districts of Foothills, Black Diamond, Vulcan, Carmangay, High River, County of Vulcan, northerly part of Willow Creek and all towns and villages within these boundaries. The Calgary area has been chosen as the urban pilot site. The two pilot projects will be used to evaluate the model and the experience gained will provide a basis for recommending a province-wide system.

TABLE 3

NURSING HOMES BY LOCATION, OWNERSHIP AND APPROVED BED COMPLEMENT as at March 31, 1986

Location/Name	Ownership	Approved Bed Complement[1]
Athabasca, Extendicare (Alberta) Ltd.	Private	50
Barrhead	District	75
*Bonnyville, Extendicare (Alberta) Ltd.	Private	50
*Brooks Health Centre	District	50
*Calgary, Bethany Care Centre	Religious	75
Calgary, Beverly	Private	182
Calgary, Bow-Crest	Private	150
Calgary, Bow View	Private	154
Calgary, Brentwood	Private	120
Calgary, Cedars Villa	Private	248
*Calgary, Central Park Lodge	Private	123
Calgary, Chinook	Private	149
Calgary, Father Lacombe	Religious	100
*Calgary, Forest Grove Care Centre	Private	225
*Calgary, George Boyack	District	222
Calgary, Glamorgan	Private	55
Calgary, Mayfair	Private	142
*Calgary, Extendicare (Alberta) Ltd.	Private	96
*Calgary, Sarcee	District	75
Calgary, Scottish	Private	46
Calgary, Southwood	Private	120
*Camrose, Bethany	Religious	100
Cardston, Grandview	District	40
*Coronation, Coronation-Paintearth	District	33
*Didsbury, Mountain View Health Care Centre (Nursing Home)	District	40
*Drayton Valley and District Health Complex (Nursing Home)	District	20
*Drumheller, Regional Health Complex (Nursing Home)	District	80
*Edmonton, Central Park Lodge	Private	134
*Edmonton, Dickinsfield Extended Care Centre	District	100
*Edmonton, Dr. Angus McGugan Pavilion	District	225
*Edmonton, Extendicare (Alberta) Ltd. (North)	Private	120
Edmonton, Extendicare (Alberta) Ltd. (South)	Private	95
*Edmonton, Good Samaritan Mount Pleasant Care Centre	Religious	196
*Edmonton, Good Samaritan (Southgate)	Religious	225
Edmonton, Hardisty	Private	226
*Edmonton, Jasper Place Central Park Lodge	Private	100
Edmonton, Jubilee Lodge	Private	128
*Edmonton, Lynnwood Extended Care Centre Roger Parker Pavilion	District	147
Edmonton, Millwoods Shepherd's Care Centre	Religious	75
Edmonton, St. Michael's Extended Care Centre	Lay Corp.	75
Edmonton, Venta	Private	65
*Edson	District	50
Fairview	District	40
*Fort Macleod, Extendicare (Alberta) Ltd.	Private	50

TABLE 3 cont'd.

Location/Name	Ownership	Approved Bed Complement(1)
Fort Saskatchewan, Rivercrest Lodge	Private	70
Grande Prairie, Central Park Lodge	Private	88
Grande Prairie, Queen Elizabeth II (Nursing Home)	District	50
*Hanna, Palliser	District	50
*High Prairie, J.B. Wood	District	52
*High River	District	50
*Hythe	District	25
*Lacombe	District	50
*Lamont	District	31
*Leduc, Extendicare (Alberta) Ltd.	Private	79
Leduc, Salem Manor	Religious	100
Lethbridge, Edith Cavell	Private	100
Lethbridge, Extendicare (Alberta) Ltd.	Private	120
*Lethbridge, Southland	District	150
Linden	Religious	37
Lloydminster, Dr. Cooke	District	75
*McLennan, Our Lady of the Lake	District	50
*Mayerthorpe, Extendicare (Alberta) Ltd.	Private	50
Medicine Hat, Central Park Lodge	Private	130
Medicine Hat, Sunnyside	Religious	100
*Municipality of Crowsnest Pass, Crowsnest Pass	District	66
*Peace River, Sutherland	District	76
Ponoka, Northcott Lodge	Private	70
Provost Municipal Health Care Centre	District	50
*Red Deer	District	118
*Red Deer, Valley Park Manor	District	100
*Red Deer, West Park	District	70
*St. Albert, Youville	Religious	162
*St. Paul, Extendicare (Alberta) Ltd.	Private	75
*Sherwood Park	Religious	100
Smoky Lake	District	33
*Stettler	District	50
*Stony Plain, Good Samaritan Care Centre	Religious	90
Strathmore, Valley General and Extended Care Centre (Nursing Home)	District	23
Taber and District Health Care Complex (Nursing Home)	District	50
Trochu Health Care Centre (Nursing Home)	Religious	25
*Two Hills, Health Care Centre (Nursing Home)	District	30
*Vegreville	District	40
*Vermilion Health Care Complex	District	50
Viking, Extendicare (Alberta) Ltd.	Private	64
Vulcan, Extendicare (Alberta) Ltd.	Private	36
Westlock	District	52
*Wetaskiwin	District	50
Total 87 Nursing Homes		7,808

NOTES:

* Indicates that the nursing home is accredited by the Canadian Council on Hospital Accreditation.

(1) Number of beds that the nursing home was approved to accommodate at March 31, 1986, as approved by the department as at February 3, 1987.

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HEALTH CARE INSURANCE FUND FINANCIAL STATEMENTS

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SCHEDULE A

HOSPITALS AND MEDICAL CARE
STATEMENT OF EXPENDITURE BY PROGRAM AND SUB-PROGRAM
for the year ended March 31, 1986

Program/Sub-program	Funds Provided					Expended	Unexpended (Over Expended)
	Estimates	Prior Year Liabilities	Special Warrants	Transfers	Total Authorized		
Departmental Support Services	$ 40,346,023	$ —	$ —	$ 788,639	$ 41,134,662	$ 39,805,230	$ 1,329,432
Health Care Insurance	426,161,000	—	—	—	426,161,000	425,969,063	191,937
Financial Assistance for Active Care							
Program Support	168,852,976	—	—	(21,869,500)	146,983,476	117,503,882	29,479,594
Major Medical Referral and Research Centres	227,143,290	—	—	5,862,000	233,005,290	232,929,805	75,485
Major Urban Medical and Referral Centres	396,386,900	—	—	6,803,500	403,190,400	402,693,085	497,315
Other Referral Centres	137,363,060	—	—	2,714,000	140,077,060	137,318,998	2,758,062
Specialized Health Care	174,171,649	—	2,276,114	3,304,000	179,751,763	179,279,822	471,941
Community-Based Hospital Facilities	149,207,055	—	—	2,132,000	151,339,055	151,157,205	181,850
Rural Community-Based Hospital Facilities	98,507,157	—	—	1,054,000	99,561,157	98,807,303	753,854
	1,351,632,087	—	2,276,114	—	1,353,908,201	1,319,690,100	34,218,101
Financial Assistance for Long-Term Chronic Care							
Program Support	10,922,244	—	—	—	10,922,244	3,198,797	7,723,447
Long-Term Chronic Care	173,588,105	—	—	—	173,588,105	170,865,223	2,722,882
Specialized Long-Term Chronic Care	2,215,415	—	—	—	2,215,415	2,033,274	182,141
	186,725,764	—	—	—	186,725,764	176,097,294	10,628,470
Financial Assistance for Supervised Personal Care							
Program Support	3,923,084	—	—	(50,000)	3,873,084	2,873,336	999,748
Private Nursing Homes	48,887,974	—	1,700,000	—	50,587,974	50,511,695	76,279
District Nursing Homes	35,459,821	—	750,000	—	36,209,821	36,122,546	87,275
Voluntary Nursing Homes	20,578,080	—	950,000	50,000	21,578,080	21,540,962	37,118
	108,848,959	—	3,400,000	—	112,248,959	111,048,539	1,200,420
Financial Assistance for Capital Construction							
Program Support	23,639,000	—	—	(5,700,000)	17,939,000	17,246,916	692,084
Major Medical Referral and Research Centres	226,000	—	11,500,000	4,900,000	16,626,000	14,392,090	2,233,910
Major Urban Medical and Referral Centres	76,781,000	—	13,500,000	(2,800,000)	87,481,000	83,751,525	3,729,475
Other Referral Centres	40,241,000	—	—	2,500,000	42,741,000	42,500,433	240,567
Specialized Health Care	10,009,000	—	—	(4,130,000)	5,879,000	4,912,131	966,869
Community-Based Hospital Facilities	44,506,000	—	—	11,300,000	55,806,000	55,589,576	216,424
Rural Community-Based Hospital Facilities	19,507,000	—	—	1,000,000	20,507,000	19,881,506	625,494
Long-Term Chronic Care Facilities	9,730,000	—	—	(6,920,000)	2,810,000	2,238,388	571,612
Supervised Personal Care Facilities	216,000	—	—	(150,000)	66,000	30,966	35,034
	224,855,000	—	25,000,000	—	249,855,000	240,543,531	9,311,469
Less: Capitalized as a voted non-budgetary disbursement	—	—	(11,500,000)	—	(11,500,000)	(9,769,202)	(1,730,798)
Total 1986	$2,338,568,833	—	$19,176,114	$788,639[a]	$2,358,533,586	$2,303,384,555	$55,149,031

[a] Transferred from the salary contingency fund

SCHEDULE B

DISTRIBUTION OF TOTAL EXPENDITURES FOR INSTITUTIONAL CARE BY TYPE OF EXPENDITURE for the year ended March 31, 1986

Expenditure	Institution				Other Support	Total
	Active Care Hospitals	Auxiliary Hospitals	Other Facilities	Nursing Homes		
Operating Support	$1,202,186,218	$170,865,223	$2,033,274	$ —	$ —	$1,375,084,715
Bad Debts	1,431,508	298	—	—	—	1,431,806
Equity Interest	597,508	130,771	—	—	—	728,279
Major Equipment Grants	26,181,493	911,601	—	136,317	—	27,229,411
Extraordinary Maintenance	2,363,628	390,525	—	30,615	—	2,784,768
Air Ambulance	—	—	—	—	3,693,366	3,693,366
Blood Service	—	—	—	—	11,835,837	11,835,837
Other Program Support	72,144,543	1,765,602	—	2,842,721	147,001	76,899,867
Major Capital Construction	211,258,058	2,238,388	—	30,967	—	213,527,413
Other Capital Costs	11,796,426	3,610,384	—	69,613	879,489	16,355,912
Per Diem Support	—	—	—	108,038,888	—	108,038,888
	$1,527,959,382	$179,912,792	$2,033,274	$111,149,121	$16,555,693	$1,837,610,262

SCHEDULE C

DISTRIBUTION OF TOTAL EXPENDITURE BY ACTIVE CARE FACILITY
for the year ended March 31, 1986

Institution	Operating Support	Bad Debts	Equity Interest	Major Equipment Grants	Extra-Ordinary Maintenance	Other Program Support	Major Capital Construction	Other Capital Costs	Total
ATHABASCA, Athabasca Municipal	$ 3,160,438	$ —	$ —	$ —	$ —	$ —	$ —	$ —	$ 3,160,438
BANFF, Mineral Springs	2,491,356	—	31,792	13,075	—	—	1,818,369	--	4,354,592
BARRHEAD, Barrhead General	4,322,292	3,745	—	45,168	—	10,224	—	—	4,381,429
BASHAW, Bashaw General	1,372,572	—	—	55,251	60,293	978	—	—	1,489,094
BASSANO, Bassano General	1,285,332	528	—	29,574	—	867	—	221,705	1,538,006
BEAVERLODGE, Beaverlodge Municipal	1,567,512	706	—	13,910	—	6,097	—	—	1,588,225
BENTLEY, Bentley General	810,852	660	—	—	—	10,523	—	—	822,035
BLACK DIAMOND, Oilfields General	1,923,332	—	—	—	81,784	5,767	—	—	2,010,883
BLAIRMORE, Crowsnest Pass General	3,170,960	—	—	11,395	—	25,105	3,782,625	—	6,990,085
BONNYVILLE, Health Centre	—	—	—	—	—	919,368	6,518,828	—	7,438,196
BONNYVILLE, St. Louis	3,002,136	5,000	21,125	16,948	—	—	—	—	3,045,209
BOW ISLAND, Bow Island General	1,175,484	2,380	—	3,500	50,416	—	—	—	1,231,780
BOYLE, Boyle General	1,241,160	—	—	21,233	—	—	—	—	1,262,393
BRETON, Breton General	1,348,344	—	—	113,854	47,560	4,194	—	11,200	1,525,152
BROOKS, Brooks Health Centre	4,792,788	—	—	116,814	—	18,424	—	329,100	5,257,126
CALGARY, Alberta Children's Provincial General	38,269,069	—	—	692,321	—	1,856,939	—	—	40,818,329
CALGARY, Calgary General	92,765,175	186,577	—	1,329,840	—	2,101,282	389,490	9,942	96,782,306
CALGARY, Colonel Belcher	13,644,264	—	—	228,305	—	—	—	11,926	13,884,495
CALGARY, Foothills Provincial General	98,865,054	249,076	—	2,109,380	440,000	17,968,761	4,622,888	1,540,812	125,795,971
CALGARY, Holy Cross	58,445,828	159,745	—	1,289,376	—	1,891,011	37,600	37,794	61,861,354
CALGARY, N.E. Satellite	—	—	—	167,798	—	805,235	33,958,492	—	34,931,525
CALGARY, Rockyview General	17,210,964	—	—	454,630	—	2,092,428	17,080,706	—	36,838,728
CALGARY, Salvation Army Grace	9,362,064	—	73,034	135,061	—	867	—	550,800	10,121,826
CAMROSE, St. Mary's	6,625,752	2,896	33,517	127,487	—	—	258,953	—	7,048,605
CANMORE, Canmore Municipal	2,281,272	1,550	—	—	—	3,685	—	—	2,286,507
CARDSTON, Cardston Municipal	4,094,800	—	—	34,957	—	867	—	9,925	4,140,549
CARMANGAY, Little Bow Municipal	411,768	—	—	—	—	—	—	—	411,768
CASTOR, Our Lady of the Rosary	1,449,359	—	13,497	99,008	—	1,320	—	9,053	1,572,237
CEREAL, Cereal Municipal	459,482	—	—	2,972	—	6,029	—	—	468,483
CLARESHOLM, Claresholm General	2,175,058	1,243	—	281,292	13,425	—	—	23,196	2,494,214

SCHEDULE C cont'd.

Institution	Operating Support	Bad Debts	Equity Interest	Major Equipment Grants	Extra-Ordinary Maintenance	Other Program Support	Major Capital Construction	Other Capital Costs	Total
COALDALE, Coaldale Community	1,337,568	—	12,322	85,557	—	867	—	—	1,436,314
COLD LAKE, John Neil	2,533,164	2,478	—	12,633	—	783,625	9,763,520	—	13,095,420
CONSORT, Consort Municipal	1,345,596	—	—	—	—	—	—	—	1,345,596
CORONATION, Coronation Municipal	1,492,828	3,425	—	19,378	4,621	867	—	—	1,521,119
DAYSLAND, Dayland General	2,034,696	2,591	—	19,140	25,841	—	—	26,992	2,109,260
DESMARAIS St. Martin's Health Centre	561,228	—	—	2,637	—	—	—	230,000	793,865
DEVON, Devon Clinic	2,185,605	—	—	14,372	—	—	—	—	2,199,977
DIDSBURY, Mountain View Health Care Centre	2,654,268	145	—	—	—	—	—	—	2,654,413
DRAYTON VALLEY, Drayton Valley General	4,018,884	2,838	—	7,250	—	8,135	—	—	4,037,107
DRUMHELLER, Drumheller Regional Health Complex	4,442,544	1,136	—	36,719	—	12,717	—	367,717	4,860,833
ECKVILLE, Eckville Municipal	1,411,296	—	—	6,087	—	6,838	—	—	1,424,221
EDMONTON, Alberta Hospital	43,492,200	—	—	389,457	—	31,582	—	2,561,505	46,474,744
EDMONTON, Northern Alberta Children's	—	—	—	—	—	5,125	—	—	5,125
EDMONTON, Charles Camsell	27,545,480	18,262	—	987,837	96,800	269,400	—	379,340	29,297,119
EDMONTON, Edmonton General	46,264,884	32,470	104,432	668,865	36,613	3,070,795	363,276	—	50,541,335
EDMONTON, Glenrose Provincial General	25,422,012	26,709	—	257,706	—	47,411	3,858,145	—	29,611,983
EDMONTON, Millwoods Area	—	—	—	20,186	—	1,244,928	31,601,302	—	32,866,416
EDMONTON, Misericordia	46,118,364	121,216	45,445	1,258,802	44,000	1,526,339	114,758	886,512	50,115,436
EDMONTON, Royal Alexandra	100,317,666	37,524	—	3,332,984	544,303	4,234,166	205,901	137,520	108,810,064
EDMONTON, University of Alberta	134,064,751	122,375	—	2,756,234	513,107	22,599,801	—	3,682	160,059,950
EDSON, St. John's	2,443,014	—	15,826	31,430	36,290	4,779	—	—	2,531,339
ELK POINT, Elk Point Municipal	2,485,632	—	—	25,121	—	—	—	—	2,510,753
ELNORA, Elnora General	748,716	—	—	—	—	—	—	—	748,716
EMPRESS, Empress Municipal	657,516	—	—	—	—	—	—	—	657,516
FAIRVIEW, Fairview General	3,205,398	2,826	—	285,404	—	—	—	—	3,493,628
FORT MACLEOD, Macleod Municipal	2,366,136	2,704	—	—	—	—	1,122,540	—	3,491,380
FORT MCMURRAY, Fort McMurray Regional	17,521,188	331,893	—	546,667	—	4,620	—	39,803	18,444,171
FORT SASKATCHEWAN, Fort Saskatchewan General	2,990,020	836	—	74,123	—	5,457	—	—	3,070,436
FORT VERMILION, St. Theresa General	2,344,560	—	—	—	—	—	—	—	2,344,560
FOX CREEK, Fox Creek	767,251	870	—	—	—	24,724	—	—	792,845

SCHEDULE C cont'd.

Institution	Operating Support	Bad Debts	Equity Interest	Major Equipment Grants	Extra-Ordinary Maintenance	Other Program Support	Major Capital Construction	Other Capital Costs	Total
GALAHAD, Galahad General	1,359,299	10	—	40,623	—	—	—	43,478	1,443,410
GLENDON, Glendon Municipal	888,612	—	—	—	—	1,286	—	—	889,898
GRANDE CACHE, Grande Cache General	1,133,880	—	—	18,496	—	—	—	68,668	1,221,044
GRANDE PRAIRIE, Queen Elizabeth II	24,274,547	8,624	—	—	—	—	9,675,000	—	33,958,171
GRIMSHAW, Grimshaw/Berwyn & District	1,739,598	283	—	—	—	519	39,000	—	1,779,400
HANNA, Hanna General	2,551,716	—	—	14,004	—	—	—	773,684	3,339,404
HARDISTY, Hardisty General	1,485,705	120	—	—	—	—	—	—	1,485,825
HIGH LEVEL, High Level Community Health Centre	1,993,615	—	—	55,720	6,562	5,254	—	—	2,061,151
HIGH PRAIRIE, High Prairie Regional Health Complex	4,783,440	602	—	82,299	—	1,734	—	—	4,868,075
HIGH RIVER, High River General	5,658,660	451	—	3,885	—	25,000	—	76,640	5,764,636
HINTON, Hinton General	3,028,591	4,380	—	103,508	7,221	18,098	—	—	3,161,798
HYTHE, Hythe Municipal	924,636	203	—	9,060	—	1,581	—	2,852	938,332
INNISFAIL, Innisfail Health Care Centre	2,662,548	—	—	—	—	—	—	—	2,662,548
ISLAY, Islay Municipal	680,831	412	—	1,400	—	—	—	—	682,643
JASPER, Seton General	1,589,968	—	—	8,735	—	2,577	—	—	1,601,280
KILLAM, Killam General	1,386,780	—	7,115	35,374	5,000	3,804	—	—	1,438,073
LAC LA BICHE, Lac La Biche General	4,804,752	2,077	—	6,700	—	—	—	19,827	4,833,356
LACOMBE, Lacombe General	2,930,712	—	—	13,809	—	—	—	—	2,944,521
LAMONT, Archer Memorial	2,472,115	250	36,936	53,952	—	1,500	—	542,271	3,107,024
LEDUC, Leduc General	2,386,140	949	—	42,069	—	223,698	5,262,750	—	7,915,606
LETHBRIDGE, Lethbridge Regional (General Centre)	15,892,292	2,266	—	614,704	20,067	385,047	10,775,042	9,986	27,699,404
LETHBRIDGE, Lethbridge Regional Lab.	4,323,024	—	—	69,673	—	—	—	—	4,392,697
LETHBRIDGE, St. Michael's General	14,230,704	11,766	121,188	382,099	52,460	16,057	4,150,391	321,093	19,285,758
LLOYDMINSTER, Lloydminster*	2,856,072	—	—	147,261	—	—	437,067	—	3,440,400
MAGRATH, Magrath Municipal	1,574,988	—	—	—	—	3,133	—	—	1,578,121
MANNING, Manning Municipal	1,617,288	1,019	—	16,818	—	—	—	—	1,635,125
MANVILLE, Manville Municipal	1,583,136	20	—	4,515	13,515	—	—	—	1,601,186
MAYERTHORPE, Mayerthorpe General	1,492,056	1,624	—	—	—	5,654	—	—	1,499,334
MCLENNAN, Sacred Heart	3,668,520	—	—	53,557	—	—	543,323	—	4,265,400

SCHEDULE C cont'd.

Institution	Operating Support	Bad Debts	Equity Interest	Major Equipment Grants	Extra-Ordinary Maintenance	Other Program Support	Major Capital Construction	Other Capital Costs	Total
MEDICINE HAT, Medicine Hat and District (General Centre)	19,296,648	21,210	—	139,412	—	2,962,221	17,900,000	—	40,319,491
MILK RIVER, Border Counties General	1,062,324	5,586	—	32,462	—	—	—	373,628	1,474,000
MUNDARE, Mary Immaculate	752,492	298	10,040	34,963	—	867	—	—	808,660
MYRNAM, Myrnam Municipal	974,436	—	—	25,756	47,020	—	—	104,944	1,152,156
OLDS, Olds Municipal	2,231,498	1,515	—	11,922	—	106,945	8,850,000	—	11,201,880
OYEN, Big Country	1,273,607	1,639	—	7,235	5,002	186,905	1,661,220	—	3,135,608
PEACE RIVER, Peace River Municipal	4,412,063	1,424	—	126,754	—	8,018	—	—	4,548,259
PICTURE BUTTE, Picture Butte Municipal	1,092,744	295	—	58,440	—	693	—	8,846	1,161,018
PINCHER CREEK, Pincher Creek Municipal	3,306,996	—	—	—	—	—	—	—	3,306,996
PONOKA, Alberta Hospital	26,931,156	—	—	374,883	—	—	922,568	998,969	29,227,576
PONOKA, Ponoka General	2,959,692	2,327	—	25,696	—	459,768	5,877,920	—	9,325,403
PROVOST, Provost Municipal Health Care Centre	2,069,184	1,406	—	60,104	74,251	3,493	—	—	2,208,438
RAYMOND, Raymond Municipal	1,783,488	—	—	—	—	696	—	—	1,784,184
RED DEER, Red Deer General	37,030,839	—	—	2,253,618	—	13,032	—	715,390	40,012,879
RED DEER, Red Deer Regional Lab.	4,749,756	—	—	—	—	—	—	—	4,749,756
REDWATER, Redwater General	1,884,036	—	—	31,215	5,600	—	—	—	1,920,851
RIMBEY, Rimbey General	1,443,316	319	—	38,548	—	—	—	—	1,482,183
ROCKY MOUNTAIN HOUSE, Rocky Mountain House General	2,531,604	—	—	24,770	6,549	2,832	23,755	—	2,589,510
SLAVE LAKE, Slave Lake General	2,020,494	—	—	79,285	—	4,869	22,982	24,460	2,152,090
SMOKY LAKE, George McDougall Memorial	1,560,744	687	—	5,844	17,103	301,742	486,251	—	2,372,371
SPIRIT RIVER, Central Peace General	2,087,676	1,440	—	28,363	32,430	—	—	—	2,149,909
STETTLER, Stettler General	3,312,480	1,036	—	43,244	6,244	40,106	3,432,504	—	6,835,614
STONY PLAIN, Stony Plain Municipal	2,757,732	917	—	51,849	9,500	470	—	16,855	2,837,323
STRATHMORE, Valley General Hospital	1,677,744	—	—	—	—	—	—	—	1,677,744
ST. ALBERT, Sturgeon General	8,998,645	7,445	—	218,221	—	—	445,906	—	9,670,217
ST. PAUL, St. Therese General	3,865,656	—	—	33,444	—	5,488	7,859,385	—	11,763,973
SUNDRE, Sundre General	1,453,608	1,054	—	42,201	—	867	—	41,700	1,539,430
SWAN HILLS	774,612	—	—	—	—	369,426	—	—	1,144,038
TABER, Taber General	4,096,732	1,323	—	9,275	—	268,097	4,478,511	—	8,853,938
THREE HILLS, Three Hills Municipal	1,597,212	49	—	—	—	—	—	—	1,597,261

SCHEDULE C cont'd.

Institution	Operating Support	Bad Debts	Equity Interest	Major Equipment Grants	Extra-Ordinary Maintenance	Other Program Support	Major Capital Construction	Other Capital Costs	Total
TOFIELD, Tofield Municipal	1,963,212	248	—	7,480	—	515,982	6,620,000	—	9,106,922
TROCHU, St. Mary's	1,281,336	198	13,928	32,109	—	867	152,790	—	1,481,228
TWO HILLS, Two Hills Municipal	1,926,624	164	—	10,600	—	481,811	5,659,495	—	8,078,694
VALLEYVIEW, Valleyview Health Centre	2,408,304	7,483	—	9,729	11,630	—	—	—	2,437,146
VEGREVILLE, St. Joseph's General	3,945,324	—	20,076	85,764	—	6,292	—	—	4,057,456
VERMILION, Vermilion Health Care Complex	3,506,188	4,261	—	—	—	5,218	—	—	3,515,667
VIKING, Viking General	2,316,722	825	—	4,659	—	3,323	—	—	2,325,529
VILNA, Our Lady's	1,133,010	—	—	—	—	2,471	—	—	1,135,481
VULCAN, Vulcan General	1,659,444	—	—	—	—	—	—	—	1,659,444
WAINWRIGHT, Wainwright & Dist. Health Care Complex	2,861,804	541	—	13,780	—	—	—	—	2,876,125
WESTLOCK, Immaculata	3,981,098	—	30,007	22,841	—	—	36,053	—	4,069,999
WETASKIWIN, Wetaskiwin General	9,456,774	—	—	373,746	—	89,620	317,335	—	10,237,475
WHITECOURT, Whitecourt General	1,952,403	7,553	—	56,803	—	—	—	—	2,016,759
WILLINGDON, Mary Immaculate	1,139,823	230	7,228	22,366	240	1,033	—	—	1,170,920
Metro-Edmonton Hospital District #106	380,460	—	—	—	—	—	—	—	380,460
Alberta Cancer Board**	35,803,321	575	—	1,774,113	48,181	3,994,302	131,417	264,611	42,016,520
	$1,202,186,218	$1,431,508	$597,508	$26,181,493	$2,363,628	$72,144,543	$211,258,058	$11,796,426	$1,527,959,382

* Expenditure to an out-of-province hospital for Alberta residents utilizing the facility.

** Includes funding for: Tom Baker Cancer Centre, Calgary; Cross Cancer Institute, Edmonton; Lethbridge Cancer Clinic and peripheral cancer clinics in Grande Prairie, Medicine Hat, Peace River, and Red Deer.

SCHEDULE D

DISTRIBUTION OF TOTAL EXPENDITURE BY AUXILIARY HOSPITAL
for the year ended March 31, 1986

Institution	Operating Support	Bad Debts	Equity Interest	Major Equipment Grants	Extra-Ordinary Maintenance	Other Program Support	Major Capital Construction	Other Capital Costs	Total
ATHABASCA, Athabasca	$ 847,716	$ —	$ —	$ —	$ —	$ —	$ —	$ —	$ 847,716
BARRHEAD	717,600					332,398			1,049,998
BLACK DIAMOND, Oilfields Aux	838,368	—	—	—	—	—	—	—	838,368
BOW ISLAND, Bow Island	660,696	—	—	2,100	—	—	—	—	662,796
BROOKS, Brooks	826,536	—	—	9,176	—	—	—	—	835,712
CALGARY, Bethany	13,804,848	—	13,092	81,174	47,767	274	—	1,007,738	14,954,893
CALGARY, Colonel Belcher	5,250,876	—	—	29,515	—	—	—	—	5,280,391
CALGARY, A.H. & N.H. District #7*	14,392,152	—	—	98,720	65,854	—	40,851	794,708	15,392,255
CALGARY, Dr. Vernon Fanning Extended Care	10,726,908	—	—	96,672	—	152,286	—	141,525	11,117,391
CALGARY, Foothills	6,719,318	—	—	—	—	—	—	—	6,719,318
CAMROSE, Bethany	1,444,008	—	10,574	5,250	—	—	11,227	—	1,471,059
CANMORE	802,662	—	—	—	—	—	—	—	802,662
CARMANGAY	137,016	—	—	2,860	—	—	—	—	139,876
CARDSTON, Cardston	900,276	—	—	11,767	—	—	—	—	912,043
CLARESHOLM, Willow Creek-Claresholm	1,530,888	—	—	5,250	4,608	—	313,391	—	1,854,137
CORONATION	741,912	—	—	—	—	—	—	—	741,912
DIDSBURY, Mountain View Health Care Centre	1,591,044	298	—	19,345	12,418	—	—	—	1,623,105
DRAYTON VALLEY	1,185,000	—	—	—	—	—	—	—	1,185,000
DRUMHELLER, Regional Health Complex	969,268	—	—	3,137	—	—	—	124,000	1,096,405
EDMONTON, Allen Gray	1,639,600	—	5,897	30,412	147,123	—	—	360,766	2,183,798
EDMONTON, Dickinsfield Extended Care Centre	7,755,480	—	—	85,905	—	—	—	10,571	7,851,956
EDMONTON, Good Samaritan	6,197,020	—	51,132	36,728	—	—	726,427	—	7,011,307
EDMONTON, Mewburn Veterans Centre	3,804,828	—	—	15,750	—	—	—	—	3,820,578
EDMONTON, Millwoods Shepherd's Care Centre	2,365,812	—	—	—	—	8,521	317,306	—	2,691,639
EDMONTON & RURAL A.H. & N.H. District #24**	18,407,532	—	—	71,256	—	—	—	549,193	19,027,981
EDMONTON, St. Joseph's	6,002,460	—	50,076	36,588	51,700	—	—	—	6,140,824
EDMONTON, St. Michael's	2,440,352	—	—	—	—	261,532	823,152	—	3,525,036
EDMONTON, University of Alberta, (Aberhart Pavilion)	1,760,352	—	—	4,200	—	—	—	—	1,764,552

Institution	Operating Support	Bad Debts	Equity Interest	Major Equipment Grants	Extra-Ordinary Maintenance	Other Program Support	Major Capital Construction	Other Capital Costs	Total
EDMONTON, Youville Geriatric Services	15,972,216	—	—	—	—	2,385	—	—	15,974,601
GRANDE PRAIRIE, Queen Elizabeth II	1,703,940	—	—	5,565	—	914,993	—	—	2,624,498
HIGH RIVER, High River	913,530	—	—	4,714	—	—	—	—	918,244
INNISFAIL, Innisfail Health Care Centre (Aux.)	1,276,008	—	—	—	—	—	—	—	1,276,008
ISLAY, Islay	651,408	—	—	2,100	—	—	—	—	653,508
KILLAM, Flagstaff	1,478,880	—	—	5,250	15,386	345	—	—	1,499,861
LAC LA BICHE, Lac La Biche	927,468	—	—	—	—	—	—	—	927,468
LACOMBE, Lacombe	868,716	—	—	—	—	—	—	—	868,716
LAMONT, Archer Memorial	513,372	—	—	1,977	—	—	—	—	515,349
LAMONT, Lamont	1,579,320	—	—	10,189	—	—	—	—	1,589,509
LETHBRIDGE, Lethbridge Regional (Rehab. Centre)	3,567,732	—	—	10,500	5,167	—	—	—	3,583,399
LLOYDMINSTER, Lloydminster	1,182,765	—	—	5,250	—	—	6,024	—	1,194,039
MEDICINE HAT, Medicine Hat & District	3,922,365	—	—	10,500	—	—	—	71,534	4,004,399
MUNDARE, Mundare	612,828	—	—	2,100	—	—	—	—	614,928
OYEN	434,088	—	—	—	—	—	—	—	434,088
PEACE RIVER, Peace River - Fairview	1,418,580	—	—	9,720	—	—	—	—	1,428,300
PINCHER CREEK, Pincher Creak	713,532	—	—	—	—	—	—	—	713,532
RADWAY, Radway Health Care Centre	896,360	—	—	132,316	—	—	—	—	1,028,676
RED DEER, Dr. Richard Parsons	3,715,512	—	—	10,500	—	—	—	279,753	4,005,765
RIMBEY, Rimbey	1,520,604	—	—	6,770	—	—	—	—	1,527,374
ROCKY MOUNTAIN HOUSE, Rocky Mountain House	694,608	—	—	—	—	—	—	248,700	943,308
SMOKY LAKE	455,844	—	—	—	—	—	—	—	455,844
STETTLER, Dr. A.E. Kennedy	1,694,220	—	—	5,250	6,516	—	—	—	1,705,986
TABER	328,380	—	—	—	—	92,868	—	—	421,248
THREE HILLS	803,203	—	—	—	—	—	—	—	803,203
TURNER VALLEY	—	—	—	—	—	—	—	—	—
VEGREVILLE, Vegreville	1,495,668	—	—	16,066	26,199	—	—	21,896	1,559,829
WAINWRIGHT, Wainwright & District Health Centre	2,348,220	—	—	—	—	—	—	—	2,348,220
WESTLOCK, Thorhild-Westlock	2,034,312	—	—	12,248	7,787	—	—	—	2,054,347
WETASKIWIN, Wetaskiwin	1,645,848	—	—	5,577	—	—	—	—	1,651,425
WHITELAW, Hotel Dieu Of St. Joseph	1,035,168	—	—	9,204	—	—	—	—	1,044,372
Total	$170,865,223	$ 298	$130,771	$911,601	$390,525	$1,765,602	$2,238,388	$3,610,384	$179,456,948

* CALGARY, A.H. & N.H. District #7 includes:
- Cross Bow
- Glenmore Park
- Sarcee

** EDMONTON & RURAL, A.H. & N.H. District #24 includes:
- Grandview Extended Care Centre
- Lynnwood Extended Care Centre
- Norwood Extended Care Centre.

SCHEDULE E

DISTRIBUTION OF TOTAL EXPENDITURE BY NURSING HOME
for the year ended March 31, 1986

Nursing Home	Per Diem Support	Major Equipment Grants	Extraordinary Maintenance	Other Program Support	Major Capital Construction	Other Capital Costs	Total
ATHABASCA, Extendicare	$ 725,324	$ —	$ —	$ 21,773	$ —	$ —	$ 747,097
BARRHEAD, Barrhead	953,761	—	—	40,651	—	—	994,412
BLAIRMORE, Crowsnest Pass	914,285	—	—	29,075	—	—	943,360
BONNYVILLE, Extendicare	716,032	—	—	25,701	—	—	741,733
BROOKS, Health Centre	700,078	2,240	—	26,528	—	—	728,846
CALGARY, Bethany Care Centre	1,053,511	—	—	40,455	—	—	1,093,966
CALGARY, Beverly	2,499,497	—	—	53,248	—	—	2,552,745
CALGARY, Bow-Crest	2,083,916	—	—	41,981	—	—	2,125,897
CALGARY, Bow View	2,083,544	—	—	28,065	—	—	2,111,609
CALGARY, Brentwood	1,630,004	—	—	33,399	—	—	1,663,403
CALGARY, Cedars Villa	3,390,726	—	—	66,373	—	—	3,457,099
CALGARY, Central Park Lodge	1,656,071	—	—	34,407	—	—	1,690,478
CALGARY, Chinook	1,872,575	—	—	48,762	—	—	1,921,337
CALGARY, Extendicare	1,288,374	—	—	30,722	—	—	1,319,096
CALGARY, Father Lacombe	1,379,020	—	—	40,671	—	—	1,419,691
CALGARY, Forest Grove Care Centre	3,098,109	—	—	63,568	—	—	3,161,677
CALGARY, George Boyack	3,058,402	16,702	—	96,528	—	—	3,171,632
CALGARY, Glamorgan	708,536	—	—	26,985	—	—	735,521
CALGARY, Mayfair	1,912,738	—	—	41,076	—	—	1,953,814
CALGARY, Sarcee	1,058,717	—	—	45,193	—	13,946	1,117,856
CALGARY, Scottish	655,100	—	—	21,199	—	—	676,299
CALGARY, Southwood	1,640,596	—	—	32,563	—	—	1,673,159
CAMROSE, Bethany	1,409,776	—	—	33,125	—	—	1,442,901
CARDSTON, Grandview	564,073	—	—	25,482	—	—	589,555
CORONATION, Coronation-Paintearth	456,700	—	13,899	19,632	—	—	490,231
DIDSBURY, Mountain View Health Care Centre	571,743	—	13,704	27,906	—	—	613,353
DRAYTON VALLEY	286,768	—	—	15,643	—	—	302,411
DRUMHELLER, Regional Health Complex	1,097,987	—	—	25,885	—	—	1,123,872
EDMONTON, Central Park Lodge	1,816,925	—	—	38,193	—	—	1,855,118

SCHEDULE E cont'd.

Nursing Home	Per Diem Support	Major Equipment Grants	Extraordinary Maintenance	Other Program Support	Major Capital Construction	Other Capital Costs	Total
EDMONTON, Dickinsfield Extended Care Centre	1,377,669	—	—	32,894	—	52,209	1,462,772
EDMONTON, Dr. Angus McGugan Pavilion	3,130,019	—	—	57,393	—	—	3,187,412
EDMONTON, Extendicare North	1,643,118	—	—	32,550	—	—	1,675,668
EDMONTON, Extendicare South	1,309,209	—	—	30,600	—	—	1,339,809
EDMONTON, Good Samaritan Mount Pleasant	2,526,714	—	—	56,534	—	—	2,583,248
EDMONTON, Good Samaritan Southgate	3,080,708	—	—	63,277	—	—	3,143,985
EDMONTON, Hardisty	2,955,995	—	—	67,913	—	—	3,023,908
EDMONTON, Jasper Place Central Park Lodge	1,392,213	—	—	33,325	—	—	1,425,538
EDMONTON, Jubilee Lodge	1,764,224	—	—	35,817	—	—	1,800,041
EDMONTON, Millwoods Shepherds Care Centre	1,645,469	—	—	40,763	—	—	1,686,232
EDMONTON, Roger Parker Pavilion	2,037,379	—	—	43,246	—	—	2,080,625
EDMONTON, St. Michael's	1,669,076	—	—	42,128	—	—	1,711,204
EDMONTON, Venta	923,967	—	—	37,673	—	—	961,640
EDSON, Edson	714,188	—	—	27,589	—	—	741,777
FAIRVIEW, Fairview	567,379	—	—	18,264	—	—	585,643
FORT MACLEOD, Extendicare	572,180	—	—	25,065	—	—	597,245
FORT SASKATCHEWAN, Rivercrest Lodge	974,283	—	—	39,420	—	—	1,013,703
GRANDE PRAIRIE, Central Park Lodge	1,169,114	—	—	31,851	—	—	1,200,965
GRANDE PRAIRIE, Queen Elizabeth II	705,663	—	—	26,041	—	—	731,704
HANNA, Palliser	700,853	—	—	22,074	—	—	722,927
HIGH PRAIRIE, J.B. Wood	600,077	—	—	22,828	—	—	622,905
HIGH RIVER, High River	706,893	—	—	28,241	—	—	735,134
HYTHE, Hythe	357,213	—	—	15,571	—	—	372,784
LACOMBE, Lacombe	675,383	—	—	26,364	—	—	701,747
LAMONT, Lamont	445,191	—	—	16,151	—	—	461,342
LEDUC, Extendicare	1,102,538	—	—	28,710	—	—	1,131,248
LEDUC, Salem Manor	1,680,950	—	—	58,180	—	—	1,739,130
LETHBRIDGE, Edith Cavell	1,418,608	—	—	4,950	—	—	1,423,558
LETHBRIDGE, Extendicare	1,669,408	—	—	33,475	—	—	1,702,883

SCHEDULE E cont'd.

Nursing Home	Per Diem Support	Major Equipment Grants	Extraordinary Maintenance	Other Program Support	Major Capital Construction	Other Capital Costs	Total
LETHBRIDGE, Southland	2,101,934	54,588	—	42,931	—	—	2,199,453
LINDEN, Linden	547,895	—	—	10,596	—	—	558,491
LLOYDMINSTER, Dr. Cooke	1,005,351	—	—	40,261	—	—	1,045,612
MAYERTHORPE, Extendicare	661,762	—	—	25,523	—	—	687,285
MCLENNAN, Our Lady of the Lake	678,436	—	—	22,485	—	—	700,921
MEDICINE HAT, Central Park Lodge	1,775,823	—	—	39,353	—	—	1,815,176
MEDICINE HAT, Sunnyside	1,426,932	—	—	35,043	—	—	1,461,975
PEACE RIVER, Sutherland	1,045,291	—	—	21,210	—	—	1,066,501
PONOKA, Northcott Lodge	996,940	—	—	40,430	—	—	1,037,370
PROVOST, Provost Municipal Health Care Centre	716,789	800	—	22,023	—	—	739,612
RED DEER, Red Deer	1,657,109	16,141	—	20,928	—	—	1,694,178
RED DEER, Valley Park Manor	1,396,003	22,081	—	22,992	—	—	1,441,076
RED DEER, West Park	1,000,212	23,765	—	32,114	—	—	1,056,091
ST. ALBERT, Youville	2,207,445	—	—	47,900	—	—	2,255,345
ST. PAUL, Extendicare	991,488	—	—	40,631	—	—	1,032,119
SHERWOOD PARK, Sherwood Park	1,408,135	—	—	29,550	—	—	1,437,685
SMOKY LAKE, Smoky Lake	452,769	—	—	14,331	—	—	467,100
STETTLER, Stettler	704,912	—	—	25,943	—	—	730,855
STONY PLAIN, Good Samaritan	1,277,251	—	—	32,354	—	—	1,309,605
STRATHMORE	316,473	—	—	15,617	—	—	332,090
TABER	72,623	—	—	10,005	—	—	82,628
TROCHU, St. Mary's	228,080	—	—	18,881	—	—	246,961
TWO HILLS, Two Hills	428,890	—	—	16,150	—	—	445,040
VEGREVILLE, Vegreville	574,323	—	3,012	21,912	30,967	—	630,214
VERMILION, Vermilion Health Care Complex	708,887	—	—	11,425	—	3,458	723,770
VIKING, Extendicare	884,748	—	—	33,292	—	—	918,040
VULCAN, Extendicare	528,012	—	—	16,578	—	—	544,590
WESTLOCK, Westlock	748,074	—	—	31,199	—	—	779,273
WETASKIWIN, Wetaskiwin	697,732	—	—	25,524	—	—	723,256
BONNYVILLE, A.H. & N.H. District #29	—	—	—	1,864	—	—	1,864
LAC ST ANNE-Whitecourt District #27	—	—	—	—	—	—	—
Total	$108,038,888	$136,317	$30,615	$2,842,721	$30,967	$69,613	$111,149,121

SCHEDULE F

DISTRIBUTION OF TOTAL EXPENDITURE BY OTHER FACILITIES
for the year ended March 31, 1986

Other Facilities	Total Operating Support
BONNYVILLE, Duclos Hospital	$ 314,035
CARDSTON, Blood Indian Hospital	220,538
CHATEH, Hay Lake Nursing Station	196,668
FORT CHIPEWYAN, Fort Chipewyan Nursing Station	133,005
FOX LAKE, Fox Lake Nursing Station	64,493
GLEICHEN, Blackfoot Indian Hospital	377,927
MEDLEY, Canadian Forces Hospital	726,608
Total	$2,033,274

AUDITOR'S REPORT

To the Minister of Hospitals and
Medical Care

I have examined the balance sheet of the Health Care Insurance Fund as at March 31, 1986 and the statement of revenue and expenditure and changes in financial position for the year then ended. My examination was made in accordance with generally accepted auditing standards, and accordingly included such tests and other procedures as I considered necessary in the circumstances.

In my opinion, these financial statements present fairly the financial position of the Fund as at March 31, 1986 and the results of its operations and the changes in its financial position for the year then ended in accordance with generally accepted accounting principles applied on a basis consistent with that of the preceding year.

Donald D. Salmon

DONALD D. SALMON, C.A.
Auditor General

Edmonton, Alberta
July 31, 1986

HEALTH CARE INSURANCE FUND
BALANCE SHEET
AS AT MARCH 31, 1986

	1986	1985
ASSETS		
Current		
Cash	$ 58,053,121	$ 82,173,372
Accounts receivable (Note 3)	21,159,003	19,769,790
Due from the Province of Alberta	8,496,063	—
	$ 87,708,187	$101,943,162
LIABILITIES		
Current:		
Bank indebtedness	$ 82,167	$ 4,665,990
Accounts payable	1,910,956	4,280,164
Unexpended funds due to the Province of Alberta	—	6,245,249
Premiums received in advance	2,415,064	2,188,759
Estimated liability for unprocessed and unpresented claims (Note 4)	83,300,000	84,563,000
	$ 87,708,187	$101,943,162

The accompanying notes are part of these financial statements.

HEALTH CARE INSURANCE FUND
STATEMENT OF REVENUE AND EXPENDITURE
FOR THE YEAR ENDED MARCH 31, 1986

	1986	1985
Revenue:		
Premiums earned, net	$204,718,364	$207,373,112
Government of Canada contributions (Note 5)	116,186,168	114,880,568
Interest	6,011,148	10,135,319
	326,915,680	332,388,999
Expenditure:		
Basic health services:		
Medical	549,264,455	508,408,946
Chiropractic	21,524,652	20,587,463
Physiotherapy	15,029,097	12,032,082
Oral surgery	13,488,049	11,268,422
Optometric	9,094,046	8,593,088
Podiatric	2,887,317	2,877,093
	611,287,616	563,767,094
Optional health services, Alberta Blue Cross Plan	87,145,508	74,416,031
Extended health benefits	29,331,987	26,351,128
Out of province hospital costs	21,939,583	18,092,372
Continuing medical education fund contributions	1,623,780	1,560,385
Location incentives	1,556,269	2,013,740
	752,884,743	686,200,750
Excess of expenditure over revenue for the year	425,969,063	353,811,751
Deduct:		
Contributions by the Province of Alberta	425,969,063	353,811,751
	$ —	$ —

HEALTH CARE INSURANCE FUND
STATEMENT OF CHANGES IN FINANCIAL POSITION
FOR THE YEAR ENDED MARCH 31, 1986

	1986	1985
Funds were provided from:		
Advances by the Province of Alberta	$417,473,000	$360,057,000
Recoverable payments:		
Reimbursements from Workers' Compensation Board	8,453,486	12,234,054
Hospital costs, reciprocal agreements	35,608,734	33,979,060
Department of Community and Occupational Health sessional payments	5,215,219	4,442,279
Increase (decrease) in premiums received in advance	226,305	(251,727)
	466,976,744	410,460,666
Funds were applied to:		
Excess of expenditure over revenue	425,969,063	353,811,751
Payments made on behalf of:		
Workers' Compensation Board	9,344,808	10,765,545
Hospital Costs, reciprocal agreements	35,751,605	32,325,211
Department of Community and Occupational Health sessional payments	5,092,412	4,932,345
Reimbursement of unexpended funds to the Province of Alberta	6,245,249	18,325,780
Increase (decrease) in premiums receivable and other accounts receivable	477,827	(657,632)
Decrease (increase) in accounts payable	2,369,208	(2,323,923)
Decrease (increase) in estimated liability for unprocessed and unpresented claims	1,263,000	(6,659,000)
	486,513,172	410,520,077
Decrease in funds	(19,536,428)	(59,411)
Funds at beginning of year	77,507,382	77,566,793
Funds at end of year	$ 57,970,954	$ 77,507,382
Represented by:		
Cash	$ 58,053,121	$ 82,173,372
Bank indebtedness	(82,167)	(4,665,990)
	$ 57,970,954	$ 77,507,382

HEALTH CARE INSURANCE FUND
NOTES TO THE FINANCIAL STATEMENTS
MARCH 31, 1986

Note 1 Authority

The Health Care Insurance Fund operates under the authority of the Alberta Health Care Insurance Act, Chapter A-24, Revised Statutes of Alberta 1980.

Note 2 Significant Accounting Policies and Reporting Practices

Government of Canada Contributions

Government of Canada contributions are received pursuant to provisions of the Federal-Provincial Fiscal Arrangements and Established Programs Financing Act, 1977 (Canada) and represent amounts deemed by the Provincial Treasurer to be contributions to the Province of Alberta with respect to health care. These contributions are subject to adjustments and due to the unavailability of information regarding adjustments to previous years' contributions, or to the current year's contributions, this source of revenue is reported on the basis of amounts received during the year.

Administration Expenses

Costs incurred in the administration of the Fund have been borne by the General Revenue Fund and are not reflected in these financial statements.

Note 3 Accounts Receivable

Accounts receivable consist of the following:

	1986	1985
Premiums, less allowance for uncollectible accounts and adjustments	$14,735,348	$14,643,233
Hosptial costs, reciprocal agreements	2,257,746	2,114,875
Workers' Compensation Board payments	1,884,699	993,377
Department of Community and Occupational Health sessional payments	1,791,833	1,914,640
Other	489,377	103,665
	$21,159,003	$19,769,790

Note 4 Estimated Liability for Unprocessed and Unpresented Claims

The estimated liability for unprocessed and unpresented claims consists of the following:

	1986	1985
Basic health services	$57,832,000	$61,954,000
Optional health services, Alberta Blue Cross Plan	11,600,000	10,470,000
Out of province hospital costs	7,952,000	5,671,000
Extended health benefits	3,202,000	4,454,000
Location incentives	2,714,000	2,014,000
	$83,300,000	$84,563,000

The above amounts pertaining to basic health services, out of province hospital costs and extended health benefits consist of actual payments during April and May for service dates prior to April 1 together with an estimated additional liability based on historical information about the relationships between service and payment dates. The amounts pertaining to optional health services, Alberta Blue Cross Plan have been determined from information provided by the Plan. The amounts for location incentives are based on claim submissions for earlier program years.

Note 5 Government of Canada Contributions

Government of Canada contributions consist of the following:

	1986	1985
Contributions pertaining to the current fiscal year	$112,071,168	$ 99,467,312
Contributions pertaining to previous fiscal years	4,115,000	15,413,256
	$116,186,168	$114,880,568

Amounts withheld during the year by the Government of Canada under the Canada Health Act in respect of financial penalties for extra billing by medical practitioners were $9,216,000 (1985 $8,109,000). These amounts are recoverable by the Province of Alberta if, in the opinion of the Federal Minister responsible for the Canada Health Act, extra billing is eliminated on or before March 31, 1987.

Note 6 Comparative Figures

The 1985 figures have been reclassified where necessary to conform to 1986 presentation.

Note 7 Approval of Financial Statements

These financial statements were approved by management.